

---

# Psychology Internship Training Program

---

VA Palo Alto Health Care System  
3801 Miranda Avenue  
Palo Alto, California 94304

---



---

## 2016 - 2017

---



---

## Table of Contents

### Introduction

Selecting a Psychology Internship .....	1
Psychology Training Model and Philosophy .....	2
VA Palo Alto Health Care System Facilities .....	4
Psychology Internship Program Funding, Benefits, and Eligibility .....	5
Psychology Internship Structure at VA Palo Alto.....	5
Internship Training Tracks.....	7
Intern Seminars and Meetings .....	8
Intern Group .....	9
Research .....	9
Internship Training Goals and Objectives .....	11
General Training Objectives.....	11
Competency Area Objectives.....	14
Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence .....	16
Trainee Self-Disclosure in Training and Supervision.....	17
Application Procedure and Selection Process .....	18
Selection Criteria .....	19
Selection Committee and Interview Process .....	20
Graduate Programs of Current and Former Interns (2009-2016) .....	21
Psychology Postdoctoral Training.....	22
Living in the San Francisco Bay Area .....	25
Contacting Psychology Service .....	28
<b>Geropsychology Training.....</b>	<b>29</b>
Introduction.....	29
Geropsychology Didactics.....	29
Cardiac Psychology Program .....	30
Community Living Center .....	31
GRECC/Geriatric Primary Care Clinic.....	33
Geropsychiatry Community Living Center.....	34
Home Based Primary Care Program .....	36
Hospice and Palliative Care Center/Sub-Acute Medicine Unit .....	37
Memory Clinic.....	38

---

Neuropsychology Assessment and Intervention Clinic.....	38
Sierra Pacific Mental Illness Research Education and Clinical Centers .....	38
Spinal Cord Injury Outpatient Clinic .....	38
Spinal Cord Injury Service .....	39
The Western Blind Rehabilitation Center .....	39
<b>Psychological Services for Medically-Based Populations.....</b>	<b>40</b>
Introduction and Overview .....	40
Behavioral Medicine Program.....	41
Cardiac Psychology Program .....	45
Community Living Center .....	45
GRECC/Geriatric Primary Care Clinic.....	46
Home Based Primary Care Program .....	46
Hospice and Palliative Care Center/Sub-Acute Medicine Unit .....	46
Neuropsychology Assessment and Intervention Clinic.....	47
Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center.....	47
Polytrauma Transitional Rehabilitation Program .....	47
Spinal Cord Injury Outpatient Clinic .....	47
Spinal Cord Injury Service .....	49
The Western Blind Rehabilitation Center .....	50
Women’s Health Psychology Clinic.....	51
<b>Neuropsychological Assessment.....</b>	<b>53</b>
Overview: Clinical Neuropsychology Internship Training.....	53
Training Objectives .....	53
Neuropsychology Didactics.....	54
Memory Clinic.....	55
Neuropsychological Assessment and Intervention Clinic .....	56
Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center.....	58
Polytrauma Transitional Rehabilitation Program .....	60
Psychological Assessment Unit.....	63
Spinal Cord Injury Service .....	64
<b>Inpatient Psychiatry and Serious Mental Illness.....</b>	<b>65</b>
Introduction and Overview .....	65
Psychiatric Intensive Care Unit.....	68
Intensive Treatment Unit.....	69

---

Intensive Treatment Unit (520B, PAD).....	71
<b>Specialty Mental Health Residential Treatment Programs.....</b>	<b>73</b>
Foundation of Recovery (FOR) Residential Rehabilitation Program.....	73
First Step Residential Rehabilitation Program.....	75
Homeless Veterans Rehabilitation Program .....	77
Men’s Trauma Recovery Program .....	79
Women’s Trauma Recovery Program.....	81
<b>Outpatient Mental Health Treatment Programs .....</b>	<b>83</b>
Addiction Consultation & Treatment.....	83
Mental Health Clinic, Menlo Park.....	85
Posttraumatic Stress Disorder Clinical Team.....	87
Women’s Counseling Center .....	88
Acceptance and Commitment Therapy (Mini-Rotation).....	90
Family Therapy Program (Mini-Rotation) .....	90
<b>Clinical Research Programs.....</b>	<b>93</b>
Health Services Research & Development .....	93
National Center for Post Traumatic Stress Disorder .....	96
Sierra Pacific Mental Illness Research Education and Clinical Center (MIRECC) .....	98
<b>Psychology Training Staff .....</b>	<b>101</b>

## Selecting a Psychology Internship

An internship is only a year long, but it plays a major role in professional development. Every year, graduate students spend large amounts of time and money to examine internship sites, and many move long distances for what may be a single year of training. There are spirited debates across the country about the necessity of this system and the way it functions. Yet the internship has been an integral part of training since the Boulder conference in 1947, which established the scientist-practitioner model as the basis for professional self-definition of Clinical and Counseling Psychologists. Internship is a year when you can work in a setting primarily designed to provide direct health care services to patients, rather than those primarily designed to provide training. On internship you can use empirically-supported approaches, and you can work with problems for which there currently are no empirically-supported treatments. You can sharpen clinical and counseling skills, generate research ideas, and, if you choose, conduct clinically-relevant research. You will function at a new level of professional responsibility on internship, making a major transitional step in your journey from student to independent professional.

It is important that you think carefully about where you apply for internship. Do your interests fit the training philosophy and strengths of the internship? Does this institution give you the kind of training you need for the career you want? Would you consider working for, or consulting at, this institution? Would your knowledge generalize to other institutions or public service settings where you may want to work? Once you know what you are looking for, you will find that many internship sites could help you meet your goals.

The purpose of this brochure is to describe the internship program at the VA Palo Alto Health Care System and the training experiences offered. Our program has been continually accredited by the [American Psychological Association](#) (APA) since 1977 (the next accreditation site visit will occur in 2016). We have a complex, multi-faceted program, which can provide many kinds of training experiences. We believe it is one of the strongest internships in the country. At the same time, no internship program is perfect for everyone; you will be seeking the best match for your own interests and needs, just as we will be seeking the best matches for our program. We hope this brochure can help you decide whether you want to learn more about Palo Alto by being in more direct, personal contact with us.

*"I have truly enjoyed my internship at VA Palo Alto, and feel like the skills I have learned and the experiences I have had here have helped me to develop a greater sense of professional identity and a clearer idea of what I want in a future career." ~Recent intern*

You might wonder why the [Department of Veterans Affairs](#) would pay several million dollars a year across the country to fund psychology internship positions. Part of the answer is that training prepares staff who might work for the VA system. It gives VA an opportunity to develop a pool of psychologists experienced with the system and with the kinds of patients and problems that are common in VA. However, the training mission of VA is broader, and VA is explicitly committed to training for the nation, as well as for the VA system. We train interns who go on to VA jobs, and we train interns who go on to work in academia, other medical centers, the private sector, etc. The whole profession of Psychology and the whole health care system in this country are served by having well-trained, enthusiastic, creative professionals. We strive to support VA's training mission, for VA's specific goals and for the nation.

## Psychology Training Model and Philosophy

The VA Palo Alto Health Care System provides a particular kind of training, based on our view of the role of Psychology in the VA system. Specifically, we are committed to the scientist-practitioner model of psychology, and the internship training experience is organized accordingly. The internship program at VA Palo Alto is a member of the [Academy of Psychological Clinical Science](#), which is a coalition of doctoral training programs and internship sites that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems. Our membership in the Academy indicates that the Internship Program at VA Palo Alto is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures.

Palo Alto has broad strengths in training. We have a large staff of distinguished psychologists who represent a broad range of areas of expertise and are dedicated to training and supervision of our future psychology colleagues. Recent training program and staff awards and distinctions include:

- Outstanding Training Program Award, 2000 – American Association of Behavioral Therapy (AABT, now ABCT)
- Outstanding Director of Training, 2008 – American Psychological Association, Division 18 (Veterans Affairs Section)
- Excellence in Behavioral Medicine Training Program Award, 2012 – Society of Behavioral Medicine
- Recent and current presidents/chairs of the VA Psychology Training Council, Association of VA Psychologist Leaders, International Society of Traumatic Stress Studies, and Society of Clinical Geropsychology (APA Division 12, Section II)
- Other leadership roles in multiple national professional organizations, including the Association of Behavioral and Cognitive Therapies, APA Division of Psychologists in Public Service (Division 18), APA Division of Rehabilitation Psychology (Division 22), Society of Clinical Geropsychology (APA Division 12, Section II), Society for Clinical Neuropsychology (APA Division 40), National Academy of Neuropsychology (NAN)
- National psychology roles also include serving as APA Accreditation Site Visitors and journal editors and editorial board members
- Multiple national trainers in VA evidence-based psychotherapies dissemination (e.g., CPT, PE, CPT-CP, CBT-I, CBT-SUD, ACT for Depression, PST) and the Motivational Interviewing Network of Trainers (MINT)
- Fellow status in the American Psychological Association and the Gerontological Society of America
- Attainment of new Board Certification in Clinical Geropsychology, Clinical Neuropsychology, and Rehabilitation Psychology by 8 staff psychologists in 2014-2015

*“Palo Alto is indeed a special place, made so by so many who are dedicated and committed to training – but, more importantly, to serving veterans. Personally, this has been a transformative year.”*  
~Recent intern

Perhaps more than any other psychology internship program in the nation, Palo Alto has numerous opportunities for training in a wide variety of settings. There are rotations for training in psychological and neuropsychological assessment, and for training in interventions with adults and families in geriatric settings, medically-based settings including primary care and physical rehabilitation, inpatient and outpatient mental health settings, and residential PTSD and substance use treatment settings. There are

opportunities to do clinical research, either as part of rotations that are primarily clinically-focused, or in rotations that emphasize health services research, program evaluation and implementation/dissemination,

or translational research. These experiences are intended to supplement and complement training experiences obtained in your graduate program. Our limitations include few clinical opportunities to see children, except as part of family treatment, or to work with developmentally disabled adults. In addition, although women veterans increasingly use the VA system for their health care and behavioral health needs, there is clearly more work with men than with women in any VA internship.

Our program is committed to general clinical training in the internship year, but within that model there are opportunities for special emphasis areas. Some of these are represented by our training tracks: behavioral medicine, geropsychology, and clinical neuropsychology. Other training emphases often sought by interns include: PTSD/trauma, traumatic brain injury and cognitive rehabilitation, rehabilitation psychology, and substance use disorders. All of the track-related training and other training rotations are described more fully in this brochure.

In this introduction we describe the Training Program procedures such as application, selection, and how the program is organized. We also discuss our philosophy of training and expectancies about competencies that interns will acquire. The next sections describe the training sites, including specific details on program structure, patient population, theoretical orientation of the supervisor, and the nature of supervision for each training site. Appendices include a listing of all the psychologists in the training program, with brief biographical sketches, and a summary table of all the training sites. *Tip:* You may find it most useful to read the introduction of the brochure and then peruse specific track and rotation descriptions of interest to find out if VA Palo Alto is a good fit for your training goals.

This brochure also contains a brief section on Psychology Postdoctoral Training within Psychology Service, the Mental Illness Research, Education, and Clinical Center (MIRECC) postdoctoral fellowship, and the Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i). We also have a complete Postdoctoral Training Manual, which can be found on the Psychology Training website; some information is included here because we know that the availability of postdoctoral options is often important information for intern applicants when considering ranking decisions.

## **VA Palo Alto Health Care System Facilities**

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to men and women who have served in the armed forces. This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care.

The Veterans Affairs Palo Alto Health Care System ([VAPAHCS](#)) is a teaching hospital, providing a full range of patient care services across 10 different hospital/clinic sites, with state-of-the-art technology as well as education and research. As of June 2015, this health care system has over 4000 employees, is located on more than 300 acres, and operates on an annual budget of over \$915 million in Fiscal Year 14 (FY14). Our health care facilities operate 808 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 68,000 unique patients per year. Internship training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15 minutes by car or shuttle).

The VAPAHCS is affiliated with the [Stanford University School of Medicine](#) and shares training programs for medical residents in psychiatry, medicine, surgery, rehabilitative medicine, and other medical specialties. In addition to these and the psychology training program, VAPAHCS also has training programs for audiology/speech pathology, dentistry, dietetics, hospital management, nursing, pharmacy, social work, recreation therapy, occupational therapy, and optometry. Over 1500 students, interns, fellows, and residents are trained each year across these multiple disciplines. Psychology operates in an interprofessional, collegial fashion with other disciplines, and interns obtain training and clinical experience in interprofessional work. The Psychology Internship Program is operated by Psychology Service, which reports to the Associate Chief of Staff for Mental Health Services. Psychology Service is a voting member of the Executive Review Board, and Psychology Service professional staff members have medical center privileges.

In addition to basic medical and mental health care programs, this VA has a variety of specialized regional programs, including a Polytrauma Rehabilitation Center, a Spinal Cord Injury Center, the Western Region Blind Rehabilitation Center, the National Center for PTSD (NCPTSD), the Men's and Women's Trauma Recovery Programs, the Homeless Veterans Rehabilitation program, a Geriatric Research, Educational, and Clinical Center (GRECC), and a Mental Illness Research, Education, and Clinical Center (MIRECC). Special psychological programs are available in health psychology, geropsychology, inpatient and outpatient psychiatric care, drug and alcohol treatment, and brain injury rehabilitation. Training opportunities are available in all of these programs.

VAPAHCS has the second largest research program in VA with annual funding of \$58M. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease, spinal cord regeneration, schizophrenia, and post-traumatic stress disorder. VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Bone and Joint Center of Excellence, Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

VA Palo Alto has received numerous awards and recognitions in recent years, including the following:

- **2013 "Leadership in Excellence" Secretary of Veterans Affairs' Robert W. Carey Performance Excellence Award.** VA Palo Alto HCS was awarded the Secretary of Veterans Affairs 2013



“Leadership in Excellence” Robert W. Carey Performance Excellence Award for implemented management approaches that resulted in sustained high levels of performance.

- **2014 California Awards for Performance Excellence (CAPE)™ Eureka Award.** The California Council for Excellence (CCE) awards the 2014 California Awards for Performance Excellence (CAPE) Eureka Award, the highest recognition for performance excellence in the state, to VA Palo Alto HCS for the silver level.
- **2014 Most Wired.** VAPAHCS was named "Most Wired" and is listed among HealthCare's 2014 Most Wired hospitals, by Hospitals and Health Networks.

## Psychology Internship Program Funding, Benefits, and Eligibility

The Psychology Internship Program is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual internship stipend at VA Palo Alto is \$28,382. This stipend requires a full calendar year of training; our start date is in late August each year. For the 2016-17 year, the start date will be Monday, August 22, 2016. VA provides health care benefits for interns and postdoctoral fellows as for any other VA employee. Health benefits are also available to dependents and married spouses of interns and fellows, including to legally married same-sex spouses of interns and fellows. Unmarried partners of either sex are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. More information about VA stipends and benefits are available at [www.psychologytraining.va.gov/benefits.asp](http://www.psychologytraining.va.gov/benefits.asp).

Our training is geared to advanced level predoctoral students, or to students who previously obtained psychology doctoral degrees and are now obtaining training for re-specialization in clinical or counseling psychology. Eligibility requirements for VA internships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at [www.psychologytraining.va.gov/eligibility.asp](http://www.psychologytraining.va.gov/eligibility.asp). The number of internship positions at VA Palo Alto has varied in the past, and was at 14 for several years. Starting in the 2015-16 training year, the number of internship positions at Palo Alto will be 15, and remain so for the foreseeable future.

For the coming year (2016-2017), seven of the 15 funded slots are labeled "general" slots and provide broad training, usually with considerable emphasis on PTSD, serious mental illness, and/or substance use disorders. Three other positions are specifically funded for an emphasis in Geropsychology, and four positions emphasize Behavioral Medicine experience. Finally, one of the 15 positions will be used for an emphasis in Clinical Neuropsychology. Each of these programs has a unique APPIC Match Number (below). Please see [next section](#) for more details on VA Palo Alto training tracks.

- 114711 General**
- 114713 Geropsychology**
- 114714 Behavioral Medicine**
- 114715 Neuropsychology**

*“Overall, the internship experience at Palo Alto surpassed my expectations. I was surprised at the warm interpersonal relationships cultivated with supervisors and the extent to which intern interests/goals guided the work assigned.” ~Recent intern*

## Psychology Internship Structure at VA Palo Alto

The internship consists of a calendar year of full-time, supervised training, beginning in the last week of August each year. Training is based on a 40-hour work week, so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (10 days), and authorized absence for professional activities (up to 10 days).

The internship year is divided into two six-month periods. Within each six-month block, interns typically spend half-time at each of two sites (e.g., half time in the Mental Health Clinic and half time at the Hospice program). Occasionally, interns may do two full-time three-month rotations during a six-month period (e.g., 3 months in an Inpatient Psychiatry Unit and 3 months at the Trauma Recovery Program). Interns typically spend 25% to 37% of their time in direct service throughout the year (10-15 hours weekly) and receive at least 4 hours per week of supervision from psychology supervisors, at least 2 hours of which are individual, face-to-face supervision. The typical rotation schedule for the year can be represented by the table below:

First Rotation (August- February)	Second Rotation (February-August)
Rotation 1 – half-time	Rotation 3 – half-time
Rotation 2 – half-time	Rotation 4 – half-time

There also are optional mini-rotations that require 3 to 6 hours per week. Electing mini-rotations generally requires adding extra hours to the 40-hour work week, because the half-time rotations are already full training experiences. Some but not all possible mini-rotations are laid out in this brochure, since they are often individually tailored to meet specific intern training interests and needs. Examples of mini-rotations in recent years include learning about grant writing, doing research on anxiety in older adults, or carrying a long term psychotherapy case. If you have an idea about a mini-rotation that you might be interested in doing, raise it with the Training Director if you are invited for an interview.

You will have the opportunity to participate in the assignment of your rotations. We do not have a pre-set pattern of rotations for any of the training tracks. Each intern's year is designed, in collaboration with the Training Director, to fit the intern's training needs and interests, as balanced with the expectations and resources of the program. Discussion of this process will be emphasized during your visit or in phone interviews, if you are invited for an interview. Final rotation assignments will be determined after the intern Match, sometime in the spring before internship begins.

In addition to training assignments, interns have Wednesday afternoons set aside for an intern seminar series throughout the year. That takes 4 hours each week, so each "half-time" rotation is actually 18 hours. In addition, some interns are involved in mini-rotations or research projects at their rotation sites that require additional time and effort. Thus, it is usually difficult to work everything into the time allotted. Like staff, you get paid for 40 hours, no matter

*"This internship is an excellent training program, very well-organized and well-run. I feel so lucky to have been a VA Palo Alto intern. The internship provided me with a variety of clinical experiences that built upon my prior work and also challenged me to learn new areas. In addition, the research rotation has been very useful in giving me an understanding of what life as a VA researcher might look like." ~Recent intern*

how much time you put in. Most staff do not get their work done in the allotted 40 hours, and we suspect you will not either. A key notion in VA is that we are a "Service," not a department. To serve patients we must be available, and you will see considerable emphasis on being available, even if that means staying beyond your usual ending time occasionally. See below for a breakdown of a typical intern workweek for interns in clinical rotations (note that the focus on assessment and various therapy experiences will vary by rotation):

<b>Supervision &amp; Training</b>	<b>10</b>
Individual (face to face) Super. with Primary Supervisor	2
Group Supervision with Primary Supervisor	1
Individual (face to face) Super. with Delegated Supervisor	
Group Supervision with Delegated Supervisor	1
Training Activities (e.g., Seminar, Case Conf., Didactics)	6
<b>Professional Services Performed (Direct service)</b>	<b>15</b>
Individual Psychotherapy	4+
Couples and/or Family Therapy	
Group Psychotherapy	3+
Testing & Assessment	(4+)
Intake assessment	2
Consultation/Education	1
Community meetings	
Treatment team planning	3
Case management	2
Providing supervision/teaching of trainees	
<b>Other Work Performed</b>	<b>15</b>
Staff Meeting	2
Administrative Duties (e.g., writing notes, documentation)	13
Research	
Other Prof. Activities _____	

On the other hand, this is not a 60-hour per week or more internship. You will work at least 40 hours intensively each week. How much more than that you work depends on many factors, including your interest in additional training experiences, your research involvement, how time-effective you are in completing clinical documentation, etc. The Training Director will help you plan a realistic program that balances taking advantage of training opportunities with time for a full, rich life outside of work.

## Internship Training Tracks

As indicated previously, interns are matched to one of 4 training tracks (General, Geropsychology, Behavioral Medicine, Neuropsychology). All interns in the General training track must spend at least 25% of their training time, or one rotation, focusing on work in a medically-based setting and/or with older adults. Typically, general track interns meet this expectation by selecting one half-time, six-month rotation in a site emphasizing health psychology and/or Geropsychology chosen from rotations described under "[Geropsychology Training](#)" or "[Psychological Services for Medically-Based Populations](#)." Interns in the Geropsychology, Neuropsychology, and Behavioral Medicine tracks spend fifty percent of their training time (2 of 4 rotations) throughout the year with the relevant emphasis area. In addition, all interns are required to choose one out of their 4 rotations in a site emphasizing work with serious or chronic mental illness chosen from rotations described under "[Inpatient Psychiatry and Serious Mental Illness](#)," "[Specialty Mental Health Residential Treatment Programs](#)," or "[Outpatient Mental Health Treatment Programs](#)." Outside of these requirements, all interns can choose from rotations in any area (e.g., a neuropsychology intern can choose to work in an Inpatient Psychiatry unit, a behavioral medicine

intern can choose to work in a geropsychology rotation, a geropsychology intern can work in Addiction Treatment). In other words, regardless of training track, all training rotations are available to be chosen by any member of the intern class, and there can be considerable overlap in the rotation schedules of each member of the intern class. Thus, all interns get broad-based, generalist training that meets the program's [training goals and objectives](#). Please see subsequent sections describing training rotations for more details on available rotations.

## Intern Seminars and Meetings

Intern seminars are weekly and scheduled on Wednesday afternoons. Early in the training year, seminars are scheduled by the Training Director and staff on the Seminar Committee. Each intern class selects representatives to the committee. As the year proceeds, interns have opportunities to decide on seminar topics and speakers. Interns evaluate each seminar speaker and topic, so the Committee has considerable data on who is available to speak and whether previous audiences have found their presentations valuable. The overarching goal in Seminar is to obtain training on topics essential to practice as a Psychologist, such as legal and ethical issues, handling patients in crisis, multicultural competence, and the interaction between research and clinical practice. We emphasize continual examination of what current research findings are relevant to clinical practice and what experiences in clinical practice might prompt valuable research questions. We also emphasize topics that support and promote interns' professional development during this year of transition from student to professional, and topics which may broaden interns' knowledge base of different clinical models and applications. Please see below for a selected list of seminar topics from a typical training year.

### ***Basic Issues in Clinical Management***

- Legal Issues – Tarasoff/risk management, child and elder abuse reporting, competency evaluations
- Psychopharmacology
- Prevention and management of disruptive behavior
- Brief cognitive screening
- Suicide assessment and prevention

### ***Multicultural Competence***

- Overview of military culture
- Overview of Multicultural Psychology
  - Multidimensional assessment
  - Clinical applications
  - Experiences of microaggressions
- Psychology and disability
- Clinical issues with lesbian, gay, and bisexual clients
- Spirituality and mental health
- Issues in geriatric mental health
- Cultural considerations in assessment
- Transgender identities and experiences

### ***Careers in Psychology***

- Academic job panel
- Job panel – clinical positions and private practice
- Job panel – academically-affiliated medical centers
- Non-traditional careers in psychology

### ***Professional Development***

- Postdoctoral decision-making
- Postdoctoral panels – clinical, research
- Vita preparation and interviewing skills
- Licensing information and process
- Integrating personal and professional lives
- Becoming a supervisor
- Job search process and negotiation skills

### ***Clinical Models and Applications***

- Motivational Interviewing
- Overview of Group Therapy
- Brief dynamic psychotherapy
- Family therapy approaches
- Mindfulness-based approaches
- Dialectical Behavior Therapy
- Acceptance and Commitment Therapy
- Cognitive Processing Therapy
- Prolonged Exposure
- Functional Analytic Psychotherapy
- Integrative approaches and treatments
- Compassion training

### ***Other Special Topics***

- Moral injury
- Policy and advocacy in psychology
- Dissemination and implementation science
- Using technology and mobile apps in clinical practice

California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, and Substance Dependence Assessment and Treatment. With the exception of Partner/Spousal Abuse training (requiring 15 hours), we provide each of these classes during the year for you to attend. More information about licensure in California can be found at [www.psychboard.ca.gov](http://www.psychboard.ca.gov). Licensed psychologists in California are required to have continuing education; we are accredited by APA to provide that training, and most CE training for staff is open to interns and postdoctoral fellows. Each year there are several full-day CE conferences at the VA Palo Alto Health Care System attended by interdisciplinary staff and open to interns and postdoctoral fellows; topics vary from year to year though typically include topics such as supervision and legal/ethical issues in the practice of psychology.

In addition, several VA research centers such as the National Center for PTSD, GRECC, MIRECC, and Health Services Research, as well as Stanford Department of Psychiatry, have their own seminar series or grand rounds that are open to interns and fellows. Finally, many rotations have didactic seminars as part of their clinical training. Please reference descriptions of individual training sites for specific types of didactic opportunities offered.

*“The structure and support of the internship program provided a solid and reliable foundation that enabled me to grow professionally and personally in a complex medical setting. The program did an excellent job of fostering cohesion in our cohort and providing opportunities such as the internship support group and the seminar series for us to build supportive relationships with one another.” ~Recent intern*

### Intern Group

The training program hires a clinical psychologist from outside the VA system to run a weekly group for the interns. This is an optional training experience which takes place in additional time outside the basic 40-hour week, for interns who choose to be involved. A main purpose is to be a support group for interns, most of whom are new to the area as well as to each other. In addition, the group provides an opportunity to learn more about group process by being a participant. Beyond funding this group and reviewing anonymous evaluations at the end of the year to ensure that we are providing a valuable experience, no VA staff member, including the Director of Training, has anything to do with the operation of this group. It is directed by the facilitating psychologist and the participating interns themselves.

### Research

While participating in research is not a requirement of the internship program, there are many research opportunities here, and interns who have completed their dissertations are in an especially good position to take advantage of them. In general, having your dissertation completed will enable you to enjoy internship more and be able to concentrate better on training and other opportunities here. A number of training sites are excellent models of scientist-practitioner functioning, in which clinical work continually guides ongoing research, and in turn the research findings inform the clinical work. Interns can get involved in research in these treatment settings; decisions about whether the intern will be involved in research and, if so, the level of research involvement will be determined by the intern with the primary supervisor in the setting. Since our internship requires interns to attain numerous clinical competencies to complete the internship, interns who request a primarily clinical research rotation may participate in only one such rotation (such as in health services research) out of the four total 6-month rotations. In these latter cases, the Training Director works with interns to determine a combination of rotations that will provide optimal opportunities for clinical immersion and clinical research consistent with the internship program’s overall goal of broad-based, generalist training.

The internship program also operates a Clinical Research Career Mentoring Program offering participating interns exposure to key elements of clinical research through linkage to an established VA Palo Alto principal investigator and/or alumni. Potential mentors include researchers at VA Palo Alto (HSR&D Ci2i, MIRECC, NCPTSD), at Stanford, USF, and UCSF. Participation in this program is optional and is most relevant for interns pursuing academic careers or positions that involve a substantial research component. This program is not a research rotation or a mini-rotation but, instead, focuses on clinical research career development topics such as:

1. Assistance in negotiating the post-doctoral research application process
2. Challenges and benefits of doing research with clinical samples
3. Understanding of VA-specific research requirements
4. Mechanics of applying for VA grants, VA early investigator grants, or NIH grants as a VA investigator
5. Networking with VA Palo Alto internship alumni

It is expected that mentor-intern meetings will occur about once per month throughout the internship year. Should an intern and research mentor wish to collaborate on a research project, this work will be conducted in addition to the intern's regularly scheduled internship rotations.



## Internship Training Goals and Objectives

Embodied in our training philosophy and policy is experience distilled from over fifty years of working with successive classes of interns. We believe that interns should receive well-rounded clinical experience that includes work with mental health and medical populations, and we expect all interns to obtain training on internship with geriatric patients or in a medical setting in addition to working in mental-health settings. Further, psychologists should be able to assess and provide at least initial clinical care to patients across the spectrum of severity; interns who have not had intensive doctoral-level training experiences prior to internship with assessment and/or patients with serious mental illness will be expected to do rotations that provide such experience here. We believe that psychologists should be prepared to work as members of interprofessional health care teams, interacting collaboratively with the full range of disciplines that provide health care services. Most of our care settings are interprofessional, because of the nature of service provision in a complex health care system like ours; thus, interns will have at least one rotation during which they work with an interprofessional team. Within these requirements, assignment to rotations and selection of supervisors primarily is based on the intern's training needs and interests.

Development of professional responsibility and a professional identity as a psychologist are major themes of our training. We affirm collaborative decision-making between interns and training staff regarding each intern's development. Formal, written evaluation takes place every 3 months, though we view evaluation as a mutual and ongoing process among interns, supervisors, and the training program as a whole. We believe this is necessary to insure continued growth for each intern and for the training program. For a copy of our complete evaluation and due process guidelines, please email the Training Director at [Jeanette.Hsu@va.gov](mailto:Jeanette.Hsu@va.gov).

*"I have definitely been challenged this year but in a way that has made me a better clinician, professional, and student. I am looking forward to my next role as a postdoctoral fellow and definitely feel prepared after my training here. I will miss everyone here at VA Palo Alto!"*  
~Recent intern

### General Training Objectives

To capture and expand the principles described above, we define the following core training objectives. In addition to meeting the general clinical competencies indicated below, by the completion of internship all interns should demonstrate basic competence in at least four of five training areas: *assessment, outpatient mental health, serious mental illness, behavioral medicine and/or geropsychology*. Some key competencies within each of those training areas are outlined following the general clinical competencies below that we expect all interns to demonstrate.

#### Assessment, Diagnosis, and Intervention:

1. Demonstrates knowledge of (including strengths/limitations), and ability to select, assessment approaches appropriate to situation (referral question, presenting problem).
2. Systematically conducts clinical/diagnostic interviews as a basis for case conceptualization and treatment planning.
3. Understands differential diagnosis using a system appropriate to the setting.
4. Demonstrates knowledge of, and applies concepts of normal and abnormal behavior, to case formulation.
5. Writes clear and concise assessment reports/progress notes, integrating behavioral observations, historical data, medical records, interview, and/or test-based information.
6. Formulates well-conceptualized recommendations.
7. Effectively communicates assessment results and recommendations to patients/family members and/or relevant providers.

8. Conducts ongoing assessment and modifies diagnosis/case formulation as necessary when new information is available.
9. Demonstrates appropriate empathy, is responsive, and elicits cooperation from patients.
10. Attends to, and responds effectively, to patients' interpersonal and internal process (e.g. impact on others, avoidance of emotions).
11. Attends to, and responds effectively to, patients' thoughts, actions, and feelings.
12. Understands problems and/or diagnostic categories within an evidence-based theoretical/conceptual framework that guides appropriate assessment and/or treatment strategies.
13. Suggests relevant treatment possibilities from a number of modalities based on the formulation of problems and goals.
14. Uses formulation of problems and goals to inform treatment plans/expectations for treatment.
15. Communicates effectively with patients, their families, and other care providers throughout the treatment process using verbal and written means.
16. Evaluates treatment progress and modifies planning as indicated.
17. Can conduct a lethality assessment and knows actions to take when confronted with a patient who is a danger to self or others.

**Scholarly Inquiry/Integrating Science and Practice:**

1. Articulates a personal theoretical or conceptual perspective that is comprehensive and flexible, and demonstrates understanding of a scientist-practitioner approach within that perspective.
2. Demonstrates a systematic, hypothesis-driven approach to case conceptualization and treatment.
3. Reviews the literature to identify evidence-based practices (EBP) for patients' problems and flexibly applies this knowledge to case conceptualization and treatment.
4. Determines when problems are not fully addressed by EBP.
5. Incorporates data from the literature into conceptualizations and interventions for complex cases in which evidence-based interventions do not fully address the problems.
6. Ability to compare and contrast EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning.

**Team Functioning and Consultation:**

1. Able to clarify and refine referral question based on analysis/assessment of question.
2. Knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question.
3. Understands the structure of teams to which intern belongs or with which intern consults in assigned training sites.
4. Can identify different team members' roles, including the psychology intern's role and function.
5. Effectively presents psychological issues to non-psychologist staff.
6. Contributes to the team in each relevant training site, such as communicating important information about patients, being sensitive to and responding appropriately to the needs of other team members, and/or using skills as a psychologist to facilitate team functioning.
7. Provides constructive consultation to other psychology colleagues.
8. Negotiates conflictual, difficult, and complex professional relationships.
9. Recognizes opportunities for, and engages in, effective collaboration with other professionals toward shared goals.

**Supervision and Teaching:**

1. Understands basic supervision concepts and principles, and the developmental process of clinical supervision.
2. Demonstrates ability to effectively teach colleagues and trainees in areas of expertise.
3. Understands complexity of the supervisor role including ethical, legal, and contextual issues.



4. Beginning to develop a philosophy or model of supervision and reflect on how this model is applied in practice.
5. (If supervising) Aware of the current needs of supervised trainees, and reflects on how to provide developmentally appropriate feedback to supervisees.

**Program Evaluation:**

1. Demonstrates awareness and understanding of how ongoing collection of clinical data can guide treatment service delivery.
2. Demonstrates awareness and understanding of programmatic strengths and weaknesses in implementing evidence-based practices.
3. Critically evaluates program procedures and services and provides constructive feedback and suggestions for improvement.
4. Effectively participates in meetings or other activities pertaining to evaluation of program and/or services, if available.

**Cultural and Individual Diversity:**

1. Demonstrates knowledge of cultural and other diversity issues and of how these impact the clinical setting (e.g., assessment, intervention, consultation, use of the literature).
2. Incorporates such knowledge into the theoretical/conceptual framework guiding assessment and treatment planning in the clinical setting.
3. Implements effective clinical strategies with patients different from self in diverse ways in the clinical setting.
4. Independently able to articulate, understand, and monitor own cultural identity in relation to work with others.
5. Able to critically evaluate feedback and initiate consultation or supervision when uncertain about diversity issues.

**Professional, Ethical, and Legal Issues:**

1. Demonstrates professional responsibility: on time for appointments, documents clinical work in a timely way, prepared for supervision, follows program procedures, self-directed/able to function independently within the scope of competence.
2. Shows emotional maturity in professional contexts by tolerating ambiguity/anxiety and considering the views of others, even in charged situations.
3. Accurately evaluates level of competency and considers own limitations when working with patients; knows when level of expertise is exceeded; seeks appropriate consultation.
4. Responds to consultation and feedback from supervisors and other professionals with constructive action or changes.
5. Demonstrates knowledge of self and the impact of own behavior on the conduct of therapy, the public, and the profession.
6. Views supervision as professionally enriching rather than primarily evaluative and uses supervision to expand awareness of personal strengths and limitations.
7. Demonstrates development of emerging professional identity as a “Psychologist.”
8. Demonstrates professional growth and maturity by dealing effectively with authority figures and showing willingness to challenge self and others for the sake of improving services provided.
9. Shows awareness of ethical issues that arise in professional activities and demonstrates behavior consistent with APA ethical guidelines.
10. Shows ability to accurately identify, analyze and proactively address complex legal and ethical issues (e.g. seeks consultation when appropriate; shows awareness of potential conflicts; demonstrates willingness to confront peers/organization when necessary)
11. Demonstrates knowledge and awareness of California and Federal laws with respect to the practice of psychology as applicable in the setting.

12. Knows and, if necessary, acts according to specific procedures for reporting child, elder, and/or spousal abuse as well as for Tarasoff situations.

### **Competency Area Objectives**

As stated above, interns are additionally expected to develop basic competence by the completion of internship in at least four of the following five training areas: *assessment, outpatient mental health, serious mental illness, behavioral medicine, and/or geropsychology*. Your rotations have been mutually determined with the Training Director to meet these breadth requirements. Key competencies in each of these areas are highlighted below, many of which overlap with general competencies outlined above. Thorough documentation of site-specific competencies (if any) for specific rotations will be provided as you begin rotations. Evaluations in each rotation are based on attainment of the general and site-specific competencies as well as adherence to professional standards of ethics and responsibility.

#### **Assessment**

- Administer, score and interpret neuropsychological and psychodiagnostic screening tests
- Know limits as an assessor and when to ask for consultation or make a referral
- Communicate assessment results verbally and in writing to professionals, patients, and families
- Know how to provide specific suggestions, based on assessment that will improve treatment planning and quality of care for the patient

#### **Outpatient Mental Health**

- Assess the risk a patient poses to self or others
- Evaluate a patient's need and appropriateness for different types (individual, group, or family) and durations (crisis management, brief, long term) of therapy
- Utilize psychoeducational interventions
- Determine when brief therapy can be used to accomplish patient goals and provide brief therapy when appropriate
- Provide long term therapy to complex patients using a conceptual rationale and defining goals that can be evaluated over time

#### **Serious Mental Illness (inpatient or outpatient settings)**

- Understand the course of acute and/or chronic disorder and its treatment
- Accurately diagnose acutely disordered patients
- Provide interventions, in conjunction with the interprofessional team, for violent, extremely agitated, and self-destructive patients
- Increase comfort in working with acutely disordered patients
- Provide treatment in an intensive treatment environment where the impact and consequence of the treatment process can be immediately observed and discussed

#### **Medically-based Settings/Behavioral Medicine**

- Understand the role of psychology in interprofessional medical settings and work collegially with other health professionals in such settings
- Utilize health psychology principles and strategies to provide psychoeducational and/or psychotherapeutic interventions for promoting health and wellness
- Provide intervention for stress reduction, pain management, adjustment to physical injury or disease, and rehabilitation
- Work with terminally ill patients and support the dying patient and family/loved ones

### Geropsychology

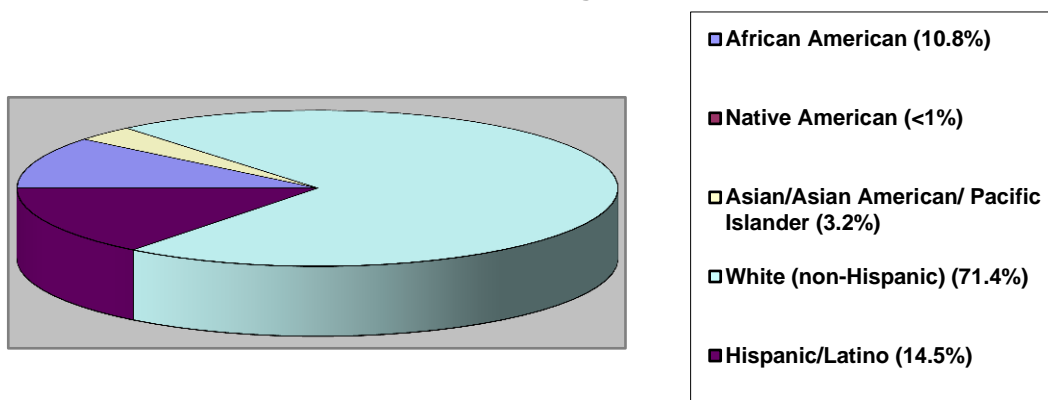
- Understand the continuum of care for elderly patients and the appropriate utilization of programs and strategies at various points along that continuum
- Learn similarities and differences in the experience and expression of psychopathology in older, as compared to younger, adults
- Implement diagnostic and psychotherapeutic adaptations to make assessment and treatment more appropriate for older adults
- Understand the role of the family in providing care for frail or demented older adults, and provide interventions to improve the caregivers' skills and/or quality of life
- Collaborate with a variety of medical and allied health professionals in consultative and integrated care of older adults
- Work with terminally ill patients and support the dying patient and family/loved ones

*"My internship year at Palo Alto VA helped to solidify my career goals. The top-notch training and supportive environment provided me the expertise and professional development tools to reach my early career goals. I am proud to say that I am a graduate of the program." ~Recent intern*

## Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence

VA Palo Alto serves an ethnically diverse population of veterans and active-duty personnel ranging in age from 19-90+, with more and more younger ages represented due to our nation's recent military conflicts. While most of the patients are male, VA Palo Alto has specific women's mental health programs drawing female veterans and active-duty personnel from around the nation. Female patients now account for approximately 10% of the VA Palo Alto patient population. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless veterans. The overall VA Palo Alto patient population reflects the distribution of self-reported ethnic backgrounds in the pie chart below. There are many rotations which serve a larger proportion of patients from ethnic minority backgrounds, and several focusing specifically on women's mental health.

**VA Palo Alto Demographics**



The intern seminar devotes a significant section of the seminar series to directly addressing multicultural competence and diversity issues, as well as encouraging presenters for all topics to model critical thinking about diversity issues throughout the seminar series. Furthermore, supervisors address multicultural competence and diversity issues in each rotation and during the course of supervision. The internship program also takes seriously the support of interns' professional development with regard to ethnic identity, sexual orientation, gender, disability, and other significant identifications. Towards this goal, our diverse supervisory staff is available for mentoring of interns from a wide range of backgrounds.

Psychology Service also operates a Multicultural/Diversity Committee (including staff, interns and postdoctoral fellows) which discusses, evaluates, and works to improve the efforts of the training program in recruitment and retention of diverse trainees and staff and the training and education of trainees and staff in multicultural competencies. In recent years, the committee has developed and implemented/co-implemented several workshops and conferences on multicultural competence in clinical supervision, competence in working with LGBT veterans, and multicultural competence for interdisciplinary teams. Recent projects include working with the VA Palo Alto LGBT employee special emphasis program in developing Safe Space training for psychology and other staff, as well as developing practical guidelines for supervisors in addressing issues of cultural and individual diversity in supervision. Multicultural competence is valuable to us and something we consider essential to ongoing professional development.

## Trainee Self-Disclosure in Training and Supervision

In the most recent version of the APA Code of Ethics (2010), APA described what a program can reasonably expect of students in training regarding personal disclosure. Because this clause is particularly relevant for clinical training programs, such as our internship and postdoctoral programs, we have reproduced this ethics clause and discuss how we approach this issue in our training program:

*7.04 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.*

We fully endorse the spirit of the clause, believing that trainees should not be forced to reveal more personal information than they feel ready to process, until they feel some comfort with the supervisory situation, and feel safety regarding how shared information will be handled. At the same time, self-disclosure is an important part of the training experience and serves at least two important purposes. First, the supervisor is ultimately legally and ethically responsible for the welfare of any patient seen by the trainee; thus, any important information about the trainee's internal experience that may affect the conduct of assessment or therapy is expected to be a part of the supervision process. Second, the general competencies expected in our program, especially those described under the category of Professionalism, include some particularly relevant to this new ethics clause, e.g.:

- Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.
- Accurately evaluates level of competency and considers own limitations when working with patients; knows when own level of expertise is exceeded; seeks appropriate consultation when needed.
- Demonstrates knowledge of self and the impact of self on the conduct of therapy, within the theoretical perspective being utilized.
- Views supervision as professionally enriching rather than primarily evaluative and uses supervision to expand awareness and understanding of personal strengths and limitations

Feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply expunged by a psychologist when it comes time to see a patient or to interact with colleagues. Learning to identify, utilize, and control feelings, attitudes, and actions in the consulting room and all other professional interactions is a lifelong process for all psychologists. We believe it is important that supervision be a place where the intern (or other trainee) is assisted to explore and understand the qualities and experiences that he or she brings to every aspect of professional work and how these facilitate or hinder effective interactions. We intend that interns and other trainees will recognize, improve, and employ those personal qualities that will assist in forming effective working relationships with patients, peers, other Psychology staff, staff and trainees of other professions with whom they work in the health care system, etc. – all professional work is influenced by the personal qualities of the trainee, and these are appropriately included in the supervisory process. At the same time, we re-affirm that this needs to be done in a sensitive way, in which the intern is given time to develop a safe and effective working relationship with the supervisor. This work should occur such that the underlying APA philosophy is respected. Interns should not be required or forced to divulge information that is not relevant to the work they are doing or in a way that is not designed to promote and enhance professional development.

## Application Procedure and Selection Process

Our application and selection process has been designed to be in accord with the policies and procedures developed by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC), including participation in the [Match](#). It is our intention to be in full compliance with both the letter and the spirit of the APPIC policy. This internship fully abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

All applicants must register for the Match using the online registration system on the Match website at [www.natmatch.com/psychint](http://www.natmatch.com/psychint). Each year, the newly updated internship training program brochure is available in September on the VA Palo Alto Psychology Training website located at [www.paloalto.va.gov/services/mental/PsychologyTraining.asp](http://www.paloalto.va.gov/services/mental/PsychologyTraining.asp). If you apply for this internship, you are expected to submit all your application materials via the APPIC online application system. Go to the APPIC website at [www.appic.org](http://www.appic.org) and click on the AAPI (APPIC Application for Psychology Internship) Internship Application Information link. Completed internship applications are due in November each year; this year the due date will be **Monday, November 2, 2015**. **All application materials must be submitted and received by us on or before this date.** Incomplete applications will not be read by the Selection Committee.

All application elements (#1-6) should be submitted using the AAPI Online system. Follow all instructions accompanying the AAPI Online to either enter your information directly, or upload your documents (#1-3). We encourage all CVs to be uploaded as Microsoft Word or Adobe Acrobat files. Only the transcript (#4) should be mailed in hard copy form to the AAPI Online application address.

Please note that, due to the high volume of emails sent during the application season, you will not receive a confirmation email from us that your application materials have been received. You can check on the AAPI Online system if your application is complete and if your DCT and letter writers have completed their parts (#5-6). We will notify you by email on or before December 15<sup>th</sup> of your interview status. We will not be informing applicants of interview status on a rolling basis; rather, we will send invitations to interview or notification of not being invited to the entire applicant pool at the same time in early December.

### Application Requirements List

1. Cover letter, including VA Palo Alto training interests addendum (see below)
2. All elements of the AAPI Online general application
3. Curriculum Vita
4. Transcripts of graduate work. The transcripts should cover all post baccalaureate course work. You should mail one official copy of all graduate transcripts to the AAPI Online application address at:  
*AAPI Online  
Transcript Department  
P.O. Box 9117  
Watertown, MA 02471*
5. Verification of AAPI by your doctoral program through the DCT Portal of the AAPI Online system.
6. Three letters of recommendation from faculty members or practicum supervisors who know your clinical as well as your research work well. Letter writers should upload an electronic copy to the Reference Portal of the AAPI Online system.

### VA Palo Alto Training Interests Addendum

At the end of your cover letter, please **indicate to which of the 4 program training tracks you want to apply** (General, Geropsychology, Behavioral Medicine, Neuropsychology). Do NOT rank order these tracks in your cover letter. We strongly prefer that you indicate no more than two tracks. If you indicate three or more tracks, you must clearly describe in your cover letter how you envision our internship site meeting your training goals and interests for each track you select, with particular attention to how quite divergent tracks could fit your training interests and goals. Each of these VA Palo Alto training tracks is included the APPIC Match as a separate internship program site with its own match number. If your interests change, please inform us.

In addition, at the end of your cover letter, please **provide a list of five rotation interests** from this Training Brochure. This in no way commits you or us to these rotations if you come to Palo Alto for internship. This listing helps us to know about your interests particularly for interview scheduling. If you are invited for interview, you will have interviews with the Director of Training and Selection Committee members from the track(s) you have indicated, and an informational meeting over lunch with current interns and/or postdoctoral fellows. Given that the Palo Alto internship requires interns to obtain breadth in training, you may want to consider indicating at least one rotation outside your track(s) that you are interested in. We will then use this list to identify two additional staff members who may be scheduled to meet with you for informational meetings about training rotations.

Please use the format below by copying and pasting into your cover letter.

**Program Training Track Interest(s):** \_\_\_\_\_

**Preferred Training Rotations:**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

### Selection Criteria

At minimum, candidates for internship must have completed 3 years of graduate training by the start of internship, and have completed at least 400 practicum hours of intervention and assessment experience (combined) and at least 800 total practicum hours at the time of application. Beyond these minimum requirements, selection of interns is based on the following criteria (list not in priority order):

1. The breadth and quality of previous clinical or counseling training experience, with weight given to applicants who are at an advanced level.
2. Preference is given to candidates whose dissertation will be completed prior to internship, or at least well advanced. Applicants who have defended their dissertation proposal at the time of application will be given priority over applicants who have not yet done so.
3. The quality of scholarship and the scope of training, as indicated partially by academic record, research, papers presented at national and state conventions, and publications (especially those in peer-reviewed journals).
4. The relationship between the clinical interests/experience of the applicant and his/her research interests.



5. Involvement in professional organizations, particularly with regard to fit with applicant's professional goals.
6. Evidence of personal maturity and accomplishments which distinguish the applicant from peers.
7. Thoughtfulness of answers to the application questions.
8. The goodness of fit between the applicant's stated objectives and the training program and medical center's resources.
9. The strength of letters of recommendation from the Training Director at the applicant's university, as well as from other faculty and professionals who know the applicant well.
10. Presentation in internship application and interview of personal and professional characteristics such as self-awareness, collegiality, professionalism, open-mindedness, clear communication, critical thinking, awareness of multicultural and diversity issues, and openness to feedback and new learning.

The internship program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. While a quota system of affirmative action is not used, priority is given to ensuring diversity in our internship classes. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minority backgrounds, persons with disabilities, and geographical and institutional diversity.

### **Selection Committee and Interview Process**

The Intern Selection Committee consists of the Director of Training, Dr. Jeanette Hsu, and five to six other staff on a rotating basis. Currently, those staff members are Stacy Dodd, Ph.D., Bruce Linenberg, Ph.D., Julia Kasl-Godley, Ph.D., Gary Miles, Ph.D., Carey Pawlowski, Ph.D., and Andrea Perry, Ph.D. Based on initial reading of internship applications by the Director of Training and Selection Committee members, some candidates will be invited to schedule an interview, which can be done as a face-to-face visit at VA Palo Alto or as a series of telephone interviews. Visits and phone interviews are by invitation only. On-site interviews are encouraged, but phone interviews are a viable alternative. In either case, interviews will include discussions with the Director of Training, Selection Committee members, and supervisors from the kinds of rotations the applicant is considering, and an informational meeting over lunch with at least one current intern or postdoctoral fellow. On-site interviews are scheduled for a full day between mid-December and the third week of January. Requests to meet with specific staff will be considered but cannot be guaranteed. The interview day is a full one, with multiple individual interviews and meetings that we hope provide a sense of the wide range of training opportunities available during internship and the individual attention each intern receives on internship at Palo Alto. However, please note that the logistics and the unavoidable stress of the interview day will not accurately reflect the experience of being on internship at Palo Alto, which past interns have consistently described as warm, supportive, and professionally and personally enriching.

When the Selection Committee has determined that an interview offer will not be made to a candidate, he or she will be notified by email by December 15th. Typically, we receive more than 200 applications each year from many highly qualified applicants, and must screen out over half of our applicants. We then inform these applicants by December 15<sup>th</sup> that they are no longer under consideration.

*"The clinical training is very exceptional and I loved all of the supervisors I met with. It is clearly an incredible internship and the opportunities at this site are abundant. I just really enjoyed getting the opportunity to learn more about the site and meet with everyone." ~Recent internship interviewee*



## **Graduate Programs of Current and Former Interns (2009-2016)**

American University	University of Colorado, Colorado Springs
Arizona State University	University of Denver
Boston University	University of Florida
Case Western Reserve University	University of Georgia
Colorado State University	University of Houston
Drexel University	University of Iowa
Duke University	University of Kansas
Emory University	University of Louisville
Florida State University	University of Maryland, Baltimore County
Fordham University	University of Miami
Fuller Theological Seminary	University of Michigan
George Mason University	University of Minnesota, Minneapolis
Georgia State University	University of Missouri, Kansas City
Loma Linda University	University of Missouri, St. Louis
Northwestern University	University of Nevada, Las Vegas
Ohio State University	University of Nevada, Reno
Pacific Graduate School of Psychology-Stanford PsyD Consortium	University of New Mexico
Pennsylvania State University	University of North Carolina
Rosalind Franklin University	University of North Texas
Rutgers University	University of Pennsylvania
San Diego State University/UC San Diego	University of Pittsburgh
State University of New York, Albany	University of Rhode Island
Syracuse University	University of South Dakota, Vermillion
Temple University	University of Southern California
University of Alabama, Birmingham	University of Utah
University of Alabama, Tuscaloosa	University of Washington
University of Arizona	University of Wisconsin, Madison
University of California, Berkeley	University of Wisconsin, Milwaukee
University of California, Los Angeles	Virginia Commonwealth University
University of California, Santa Barbara	Washington University
University of Cincinnati	Washington State University
University of Colorado, Boulder	Wayne State University
	West Virginia University

## Psychology Postdoctoral Training

Psychology Service at VA Palo Alto has an APA-accredited postdoctoral fellowship program with nine funded 1-year postdoctoral training positions that are primarily clinically-focused. In addition, the Mental Illness, Research, and Education Center ([MIRECC](#)), the [National Center for PTSD](#), and the Health Services Research and Development (HSR&D) Center for Innovation to Implementation ([Ci2i](#)) have funded 2-year postdoctoral positions that are focused on clinically-relevant research and prepare fellows for academic and clinical research careers. This section describes only the clinically-focused Psychology Service positions and the MIRECC positions. For information about positions at HSR&D, please contact Ruth Cronkite, Ph.D., at [Ruth.Cronkite@va.gov](mailto:Ruth.Cronkite@va.gov). The MIRECC fellowship program is separately accredited by APA, and the latter research-focused postdoctoral positions (HSR&D) are not part of either APA-accredited program. For information about positions at the National Center for PTSD, please contact Marylene Cloitre, Ph.D., at [Marylene.Cloitre@va.gov](mailto:Marylene.Cloitre@va.gov).

Applicants for postdoctoral positions must be U.S. citizens who have attended an APA-accredited doctoral program in clinical or counseling psychology and who are currently in or have completed an APA-accredited predoctoral internship. In order to be eligible to begin the Fellowship, the selected applicant must have completed the dissertation and all other doctoral degree requirements before September 1. The training program may rescind offers of postdoctoral positions for applicants selected for the postdoctoral fellowship, but who have not completed all doctoral degree requirements by September 1.

### Psychology Service Clinical Postdoctoral Fellowship Program

There are currently nine emphasis areas in the Psychology Service clinical postdoctoral fellowship program, each of which select one fellow except where indicated: Behavioral Medicine, Geropsychology, Hospice/Palliative Care, Rehabilitation Psychology, Neuropsychology, Psychosocial Rehabilitation (2 positions), PTSD (2 positions), Substance Use/Homeless Rehabilitation, and Couples/Family Systems. Postdoctoral Fellows receive a yearly stipend of \$50,006. The Postdoctoral training program is a full-time, one-year program with a 2,080 hour training requirement. The starting date each year is generally around September 1, ending around August 31; some flexibility with start and end dates is possible, as long as the training covers one full calendar year. We do not accept unfunded or part-time Postdoctoral Fellows.

Funding for training also includes health care benefits with a variety of different insurance programs available from which Fellows can select. Postdoctoral Fellows receive paid Federal holidays, 13 days of annual leave, up to 13 days of sick leave, and any amount of Authorized Absence commensurate with meaningful professional activities. More information about VA stipends and benefits are available at [www.psychologytraining.va.gov/benefits.asp](http://www.psychologytraining.va.gov/benefits.asp). Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA internship eligibility requirements is available at [www.psychologytraining.va.gov/eligibility.asp](http://www.psychologytraining.va.gov/eligibility.asp).

The mission of the VAPAHCS Psychology Postdoctoral Training Program is to train psychologists who meet general advanced practice competencies in psychology and can function effectively as professional psychologists in a broad range of multidisciplinary settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The primary goal of the postdoctoral program is for Fellows to develop the full range of skills required for independent functioning as a psychologist, including skills involved in clinical assessment and intervention; consultation, supervision, and teaching; scholarly inquiry; organization,

*“What a full and exciting two years these have been! I cannot tell you how much I enjoyed my time at the VA and what wonderful training I received. I feel that I have grown so much, both personally and professionally. I will miss the VA, all of the extraordinary people, and the lovely California weather!”*  
 ~Recent intern/postdoctoral fellow

administration, management, and program evaluation activities; and awareness of and sensitivity to professional, ethical, legal, and diversity issues.

Complementing our goal of preparing Fellows to function as independent psychologists, we also aim to prepare Fellows for practice in high priority areas of health care for veterans. VA’s national training goals are listed as primary care, geriatrics, mental health and rehabilitation (Associated Health Professions Review Subcommittee, 1997). The Psychology Postdoctoral Training Program currently includes nine emphasis areas: Behavioral Medicine,

Geropsychology, Hospice/Palliative Care, Rehabilitation Psychology, Neuropsychology, Psychosocial Rehabilitation, PTSD, Substance Use/Homeless Rehabilitation, and Couples/Family Systems. Through the professional activities in these emphasis areas, Fellows receive training that facilitates their development of the core general advanced practice competencies required for independent functioning as a psychologist. In addition, Fellows develop depth of knowledge and advanced skills in working with specific populations/settings (i.e., the aging, medically ill, terminally ill and/or dying, seriously mentally ill, rehabilitation, trauma, substance using and/or homeless, couples and families).

We offer three seminar experiences specifically for Postdoctoral Fellows. One is a seminar on Professional Development, which meets three times per month and is led by the Postdoctoral Coordinator. A variety of topics are covered in that seminar, all attending to issues of professional development, identity, and self-confidence. As part of the seminar, Fellows also jointly decide on a topic for a Continuing Education conference which they plan and implement, as one of Psychology Service’s APA approved program of continuing education). The second seminar, led by the Training Director, provides didactic training on supervision and an opportunity for Fellows to compare and discuss experiences as supervisors. In addition to the seminar, fellows are expected to supervise at least two cases seen by an intern or practicum student, while receiving supervision on that supervision, from the primary staff supervisor. Finally, Fellows also meet one hour weekly for a clinical case conference and journal club.

The training program is committed to the scientist-practitioner model; Fellows will be expected to utilize state-of-the-art literature on empirically supported assessment and treatment in planning and delivering services and simultaneously expected to participate in research with direct clinical implications that can potentially serve to expand knowledge and quality of care. In addition, several didactic experiences are available to support continued development of skills for integrating science and practice. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992).

Although the program is primarily clinically-focused, Fellows in every emphasis area are expected to participate in research (Behavioral Medicine, Geropsychology, Rehabilitation Psychology, Neuropsychology, PTSD, Substance Use/Homeless Rehabilitation, Couples/Family Systems emphasis areas), or can choose research or development of an educational project (Hospice/Palliative Care, Psychosocial Rehabilitation emphasis areas). Fellows are expected to complete a meaningful aspect of the project during the year. This could be writing a grant proposal, generating an article submitted for publication or presentation at a professional meeting, developing and presenting an in-service training module, or some other marker of productivity. Fellows have one day a week of protected time for such research and educational activity. In addition, many Fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research.

There are many research opportunities here. Most training sites are excellent models of scientist-practitioner functioning, in which clinical work guides ongoing research, and in turn the research findings inform the clinical work. Areas of ongoing research should be discussed with supervisors in the various emphasis areas since new projects are developed continuously. Fellows in any emphasis area can get involved in research in relevant settings.

Information about required application materials and the selection process can be obtained by contacting the Postdoctoral Coordinator, William Faustman, Ph.D., preferably by email at [William.Faustman@va.gov](mailto:William.Faustman@va.gov) or at (650) 493-5000 x64950. Application materials should be emailed to Dr. Faustman and are due by January 4, 2016. Please specify which emphasis area(s) you are considering when you make inquiries about the fellowship program and when you submit your application materials.

### **VA Advanced Fellowship Program in Psychology at MIRECC**

The Sierra Pacific Mental Illness Research, Education, and Clinical Center ([Sierra Pacific MIRECC](#)), in conjunction with VA Palo Alto Psychology Service, offers a two-year postdoctoral program in Advanced Psychology. Postdoctoral Fellows in their first year receive a yearly stipend of \$50,006; in the second year, the stipend will be somewhat higher and will be determined. The MIRECC Fellowship is separately accredited by APA and has distinct goals and objectives from the Psychology Service Clinical Psychology Fellowship Program described above.

The [MIRECC Fellowship program](#) is interdisciplinary and aims to train psychologists to become outstanding clinical researchers in two high priority areas of mental health, geropsychology and stress disorders such as PTSD. The program combines individualized, mentored research and clinical training with a state-of-the-art curriculum that emphasizes research methods; statistics; epidemiology; mental health systems; quality improvement methods; education and service delivery. Fellows devote up to 75% time to education and clinical research activities within the MIRECC, with a minimum of 25% time for clinical training in another clinical setting. As with the Clinical Fellows, MIRECC Fellows typically are involved with research concerning clinical hypotheses, and some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research. Thus, the total amount of direct clinical service will be considered to be well above the 25% protected clinical time.

In collaboration with their mentors, Fellows will develop and implement a research project, publish and present findings, participate in grant writing, and utilize the latest technology for educational activities and clinical service delivery. A special emphasis of the fellowship program is to train fellows to conduct translational research that brings basic science to clinical practice. For example, fellows learn how genetic factors are linked to clinical outcomes and how innovative research methodologies yield more clinically relevant information. The Sierra Pacific MIRECC is one of 25 sites participating in national MIRECC fellowship training. The 25 fellowship sites are linked electronically for didactic, academic, and research efforts and are coordinated from the national Hub Site located at VA Palo Alto. One highly successful aspect of training has been the national video conference seminar series. Each month a different expert presents the latest advances in conducting a particular aspect of clinical research. Seminar topics last year included VA career development, funding and resources, behavioral genetics, health informatics, and designing clinical trials of behavioral therapies. Fellows in this program also participate in the Psychology Service Professional Development and Supervision seminars described above. For more information about this fellowship program, contact Kaci Fairchild, Ph.D., MIRECC Psychology Fellowship Director, at [JenniferKaci.Fairchild@va.gov](mailto:JenniferKaci.Fairchild@va.gov) or (650) 493-5000 x63432, or visit the fellowship website at <http://www.mirecc.va.gov/visn21/fellowship.asp>.

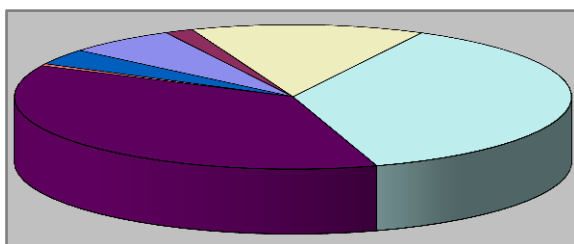
## Living in the San Francisco Bay Area

The San Francisco Bay Area is a geographically and ethnically diverse area surrounding the San Francisco Bay in Northern California. Home to world-class universities such as Stanford University, UC San Francisco, and UC Berkeley as well as the headquarters of leading Silicon Valley high-tech companies such as Google, Yahoo!, Apple, LinkedIn, Hewlett-Packard, Intel, Facebook, Twitter, eBay, Houzz, and YouTube, the Bay Area is one of the most culturally, intellectually, and economically dynamic areas of the country. Palo Alto is located on the San Francisco Peninsula about 35 miles south of San Francisco, which is referred to as “The City” and is the cultural center of the Bay Area.

The Bay Area has three major airports (San Francisco International, San Jose Mineta International, and Oakland), as well as an extensive freeway system. Public transportation on BART (Bay Area Rapid Transit) and local bus systems connect the cities and suburbs of the Bay Area, though most residents drive themselves. Housing for renters and homebuyers is one of the most expensive in the country.

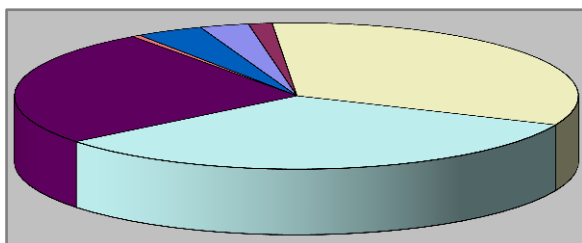
The Bay Area is the sixth most populous metropolitan area in the United States, with high levels of international immigration. Palo Alto is part of Santa Clara County which has slightly different demographics than the Bay Area and the state overall, with greater numbers of Asians and Asian Americans and fewer numbers of African Americans. Also, thirty-seven percent of the people living in Santa Clara County were born outside the U.S. There are 66,749 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved June 25, 2015, from <http://quickfacts.census.gov/qfd/states/06/06085.html>).

California Demographics



■ African American (6.6%)
■ Native American (1.7%)
■ Asian/Asian American/ Pacific Islander (14.1%)
■ White (non-Hispanic) (39.0%)
■ Hispanic/Latino (38.4%)
■ Pacific Islander (0.5%)
■ Two or more (3.7%)

Santa Clara County Demographics



■ African American (2.9%)
■ Native American (1.4%)
■ Asian/Asian American/ Pacific Islander (34.1%)
■ White (non-Hispanic) (33.9%)
■ Hispanic/Latino (26.8%)
■ Pacific Islander (0.5%)
■ Two or more (4.0%)

The region has a lot to offer, making the Bay Area one of the most desirable places to live in the country – mild weather, beaches, mountains, and open space perfect for outdoors enthusiasts, a thriving business and technology sector, and excellent universities and academically-affiliated medical centers



providing resources for intellectual and scholarly activities. Visitors and residents alike can enjoy the diversity of social and cultural attractions, such as museums, cultural events, top-rated restaurants, and wineries in the Napa and Sonoma Valleys. In addition to easily accessible outdoor recreation areas for skiing, surfing, hiking, and biking, sports fans can follow the many Bay Area sports teams (SF Giants, SF 49ers, Oakland A's, Golden State Warriors, San Jose Sharks).



Most interns live within a 30-40 minute drive to Palo Alto, with the majority of interns living in towns on the west side of the San Francisco Bay (e.g., San Mateo, Redwood City, Menlo Park, Palo Alto, Mountain View, Sunnyvale, Santa Clara). Some interns choose to live in San Francisco to take advantage of the urban lifestyle available in the city. Intern classes have typically been enthusiastic about planning regular (often weekly) get-togethers as well as periodic day trips and holiday parties.

Please see the below websites for more information about the local area:

*Palo Alto*

[www.city.palo-alto.ca.us/](http://www.city.palo-alto.ca.us/)

*Stanford University*

[www.stanford.edu/dept/visitorinfo/](http://www.stanford.edu/dept/visitorinfo/)

*California home page; click on Visit & Play for great info on visiting and living in CA*

[www.ca.gov/index.asp](http://www.ca.gov/index.asp)

*Monterey Bay National Marine Sanctuary*

[www.montereybay.noaa.gov/](http://www.montereybay.noaa.gov/)

*California travel; click on San Francisco Bay Area*

[www.visitcalifornia.com/](http://www.visitcalifornia.com/)

*Bay Area news and information*

[www.sfgate.com/](http://www.sfgate.com/)



The VA Palo Alto Internship program values practicing balance in one's professional and personal life, which our supervisors strive for and hope to be good models for our interns. If you come to VA Palo Alto for internship, we hope you will have many opportunities to explore and enjoy living in this great area!



## Contacting Psychology Service

Psychology Service is open for business Monday through Friday, 8AM - 4:30PM Pacific Time, except on Federal holidays. The Psychology Training Program can be reached at the following address and contact information:

Psychology Training Program (116B)  
Palo Alto VA Health Care System  
3801 Miranda Avenue  
Palo Alto, CA 94304  
Telephone: (650) 493-5000, ext. 65476  
Fax: (650) 852-3445  
Email: [Dana.Iller@va.gov](mailto:Dana.Iller@va.gov) (Psychology Service Program Support Assistant)  
Website: [www.paloalto.va.gov/services/mental/PsychologyTraining.asp](http://www.paloalto.va.gov/services/mental/PsychologyTraining.asp)

Thank you for your interest in our program. Feel free to be in touch with the Director of Training at [Jeanette.Hsu@va.gov](mailto:Jeanette.Hsu@va.gov) and/or the Psychology Service Program Support Assistant if you have additional questions.



Jeanette Hsu, Ph.D.  
Director of Training, Psychology Service



Steven Lovett, Ph.D.  
Chief, Psychology Service

The VA Palo Alto Health Care System Psychology Service has an APA-accredited internship program and an APA-accredited postdoctoral program. The [APA Office of Program Consultation and Accreditation](http://www.apa.org/ed/accrred) can be reached at the American Psychological Association, 750 First St. NE, Washington DC 20002; phone number (202) 336-5979; email [apaaccred@apa.org](mailto:apaaccred@apa.org); website [www.apa.org/ed/accrred](http://www.apa.org/ed/accrred).

*Reviewed by:* Jeanette Hsu, Ph.D.  
*Date:* 9/15/15



## **Geropsychology Training**

### **Introduction**

Interns in the Geropsychology track will have at least 50% of their internship training in Geropsychology and the other 50% in rotations with a more general clinical focus. Currently we have three such slots. Interns in the Geropsychology track will work with the Training Director and Geropsychology staff to determine what combination of rotation experiences they will plan for their 50% year-long geropsychology focus from the rotations listed in this section. While interns in any track may choose to train in any of the rotations described below, interns in the Geropsychology track have preference in the choice of these rotations.

Most of the Geropsychology rotations occur in interprofessional treatment settings. Interprofessional teams, in which professionals from many disciplines work collaboratively, can respond to the multiple and often interactive needs of older adults. For a psychology intern, this experience offers the opportunity to learn about the physical and mental health care needs of older adults, creative use of VA resources to meet their needs, and how to represent a psychological point of view effectively to physicians, nurses, pharmacists, social workers, and other health care professionals. In addition, all interprofessional team members need to develop skills for effective group communication, problem solving, conflict resolution, developing interprofessional team treatment plans, and sharing of leadership roles.

In these settings, psychology collaborates actively with other professions in developing a holistic assessment of the older adult patient and the home support network. The psychologist prioritizes problems, defines what psychological interventions should be offered and how they can be integrated with care provided by other team members. The psychologist works with the team in evaluating the outcomes of individual and team interventions, and in refining or redesigning treatment plans. Psychology interns, therefore, will strengthen their own assessment and therapy skills, and they will also learn how psychology's special knowledge and skills combine with those of other team members when providing care to older adults and their families.

Most of the rotations from among the following Geropsychology Programs may be selected by any intern for a six-month, half-time training experience. As mentioned earlier, interns will be expected to participate in a geropsychology training experience or training in a medically-based setting during their internship. Many intern applicants wonder whether working with older adults might be depressing or "morbid." We do not think so. Older adults have much to offer. They deal courageously with problems posed by health changes, loss of mobility, the death of loved ones, and the need to adapt to a constantly changing environment. They bring a wealth of lifetime experiences to this endeavor, and they often face their problems with a companion with whom they have shared 40 or more years of life. When interns approach older adults with an attitude of respect and admiration, as well as compassion and a desire to provide care, they find that they can learn about themselves and their own lives, as well as offering valuable psychological services to older patients.

### **Geropsychology Didactics**

An educational experience required for geropsychology interns and optional for other interns is the Geropsychology seminar series which meets on the first and third Thursdays of each month from 2:30-4:30pm, which occurs in tandem with the Neuropsychology seminar which meets at the same time on the second and fourth Thursdays of the month. Both seminar series present topics that may be of interest to interns with geropsychology and/or neuropsychology interests. The seminar also provides an opportunity for geropsychology trainees to solidify as a peer group and meet geropsychology staff and outside geropsychologists in addition to their clinical supervisors. The seminars start each year in September and end the last week of July or early August. Each session, the seminar will typically include a presentation

from an invited speaker as well as a discussion of a relevant journal article/case presentation. The seminars will address a wide range of topics in neuropsychology and geropsychology, as well as many topics which overlap these connected areas of interest such as dementia, substance abuse, psychopathology, and working with caregivers.

In addition, the GRECC (Geriatric Research, Education, and Clinical Center) provides a monthly Interdisciplinary Geriatrics Conference focusing on current issues in geriatric care. The seminar currently occurs on Tuesdays from 4-5pm.

*Reviewed by:* Jon Rose, Ph.D.; Jeanette Hsu, Ph.D.

*Date:* 7/7/2014; 9/15/15

### **Cardiac Psychology Program (Building 6, PAD)** **Supervisor: Steven Lovett, Ph.D.**

1. **Patient population:** Patients with congestive heart failure (CHF), recent cardiac events (heart attacks, bypass surgery) and other forms of cardiovascular disease. Patients being considered for heart transplants and those receiving post-transplant care.
2. **Psychology's role:** Direct service to patients and families; participation in multidisciplinary patient education programs; consultation with other program staff and cardiologists; & participation in the Cardiology Transplant Clinic.
3. **Other professionals:** The Cardiac Transplant clinic includes medicine, nursing, and cardiology fellows in medicine.
4. **Clinical services:** Assessment, psychotherapy, & behavioral medicine interventions with cardiac patients and their families when referred by cardiologists within Cardiology service. Pre-transplant evaluations, interventions for diet & medication compliance, sleep disturbance and mood disorders for the Cardiac Transplant clinic patients.
5. **Intern's role:** Serves as the team psychologist for the Cardiac Transplant Clinic, and a consulting psychologist for Cardiology Service.
6. **Supervision:** 2 hours individual supervision per week. 1 hour of group supervision when more than one trainee is working with the program. Some observation during patient therapy sessions, patient education groups, and team meetings. Audiotape review of patient therapy sessions, when taping is feasible. Theoretical orientation emphasizes a social learning perspective within a brief treatment model. Evidence based interventions are emphasized.
7. **Didactics:** Part of supervision sessions, as needed.
8. **Pace:** 1-4 patients seen during the Cardiac Transplant Clinic. Up to six CHF or Transplant Clinic patient follow-up or cardiology consultation sessions per week outside of the clinic.

The Cardiac Psychology Program provides psychological services to patients with heart disease. We participate in the weekly Cardiac Transplant Clinic and accepts referrals for patients with other forms of heart disease. Specific services provided by psychology interns include

- Neuropsychological screenings, including administration of the Cognistat, RBANS, and other screening instruments as needed.
- Individual and family therapy for depression, anxiety, anger management, sleep disturbances, issues of grief and loss, caregiver stress, and other forms of emotional distress.
- Assistance in developing adherence programs for medication usage, dietary restrictions and exercise maintenance.
- Consultation with other CHF team and cardiology staff about methods of enhancing patient adherence to treatment regimens.

Interns are also directly involved in any on-going program evaluation and research efforts associated with the clinical activities listed above. Supervision includes joint clinical sessions with the supervisor as well as 1 – 1.5 hours of individual supervision per week and periodic group supervision when more than one trainee is involved in the rotation. The predominant theoretical orientation is social learning theory with an emphasis on shorter-term treatment. Training and supervision about health care team dynamics is also included.

*Reviewed by:* Steve Lovett, Ph.D.  
*Date:* 6/30/15

### **Community Living Center (CLC, Building 331, MPD) – Short-Stay/Rehab & Long-Term Care Units**

**Supervisor: Margaret Florsheim, Ph.D.**

1. **Patient population:** Patients with complex medical problems requiring either short-term or long-term skilled nursing care with interprofessional team support.
2. **Psychology's role:** Clinical services to patients and their families, consultation with other disciplines, psychology education of staff and trainees and participation in the management of team dynamics.
3. **Other professionals:** Medicine, Nursing, Pharmacy, Social Work, Occupational Therapy, Physical Therapy, Recreational Therapy and Dietetics. Trainees from the above disciplines may be present. As indicated, the Palliative Care Consult team also works collaboratively with CLC staff.
4. **Clinical services:** Screening for cognitive functioning and psychological disorders, neuropsychological and capacity assessment, individual, family and group therapy, behavioral interventions to address problematic behavior, consultation with other disciplines and psychology education of staff.
5. **Intern's role:** Serves as team psychologist for either the short-stay/rehab or long-term care unit.
6. **Supervision:** At least one hour of individual supervision per week with additional informal supervision obtained from working side-by-side with the staff psychologist. Opportunities exist for observation during team meetings as well as audiotaped review of patient therapy sessions.
7. **Didactics:** Opportunity to participate in monthly webinar/ CLC mental health provider calls and participate in educational presentations for CLC staff.
8. **Pace:** 4-6 contacts a week (patients and families). Progress notes for each contact. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam.
9. **Unit Assignment:** Assignment is to either the short-term/rehab or the long-term care unit. No prior experience working with elders or in medical settings is required for either unit.

Building 331 CLC is a medically focused, 60 bed skilled nursing facility located at the Menlo Park Division. The building is divided into two units. Each unit has a specialty focus – Short-Stay/Transitional Care, or long-term care. Patients must be eligible veterans requiring skilled nursing or intermediate care services, but not intensive medical care. The population is comprised primarily of patients with multiple medical problems, neurological conditions (e.g., stroke, dementia, Parkinson's disease, multiple sclerosis and spinal cord injury) and cancer. Trainees choose to work on one of the two units. Psychological services to both units include assessment of cognitive status and mood, psychotherapy (individual, family and/or group) and consultation to other team members on behavioral issues impacting care.

The Short Stay/Transitional Care Unit bridges the gap between hospital and home. The unit is designed for individuals who no longer need hospitalization in the acute care setting but still require additional medical, nursing, rehabilitative and/or supportive services that cannot be provided in the home. The goal is to assist patients to function more independently at home and in the community. Patient stays can range from weeks to months, with an average stay being 30 days. Training offers interns an opportunity to work in an inpatient medical setting as a member of an interprofessional team. Unit residents are typically in their 60's -70's. Many also present with psychiatric and social concerns, such as depression, untreated PTSD, active substance abuse and homelessness. Psychology interventions support the veteran's rehab needs, adjustment to current medical concerns and hospitalization as well as support the interprofessional staff in meeting the veteran's goals of care. Psychological interventions include screening for cognitive functioning and psychological disorders, neuropsychological and capacity assessment, brief psychotherapy to address emotional response to health concerns and hospitalization and consultation with other team members to address problematic behavior, including problems with medical care compliance. Opportunities exist to work with CLC staff and members of the Palliative Care Consult team to address end-of-life concerns, particularly with veterans receiving supportive care during cancer treatments.

The long-term care unit strives to create a sense of community for those veterans for whom the CLC is a permanent home. Training offers an experience in multidisciplinary teamwork in inpatient long-term care setting with medically frail elders and in end-of-life care. Psychological interventions support adjustment to disability and institutional living and include grief counseling, management of negative emotions, and interventions to address problematic behavior. In addition to individual and family psychological interventions, opportunities exist for interns to co-facilitate psychotherapy groups. Assessment experiences can include assessment of cognitive functioning and psychological disorders, neuropsychological and capacity assessment. Additionally, there are opportunities to work collaboratively with members of the Palliative Care Consult team to support end-of-life care. Veterans requesting to stay in this familiar environment receive palliative care in the terminal phases of their illnesses.

*Reviewed by:* Margaret Florsheim, Ph.D.  
*Date:* 5/19/15

**GRECC/Geriatric Primary Care Clinic (PAD, GRECC-Bldg 4, Clinic-5C2)**

**Supervisors:** Terri Huh, Ph.D., ABPP-Gero  
Christine Gould, Ph.D.

- 1. Patient population:** Older adults with complex medical and psychosocial problems who require an interdisciplinary team for optimal primary health care.
- 2. Psychology's role in the setting:** Clinical services to patients both as a part of the team clinic and outside of clinic, consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.
- 3. Other professionals and trainees:** Medicine, Nursing, Pharmacy and Social Work; all disciplines may have trainees at various levels (students, interns, residents and postdoctoral fellows.)
- 4. Nature of clinical services delivered:** Services are delivered both in the context of the team clinic as well as outside of the clinic for patients who require more in-depth assessment and treatment  
*In clinic:* Screening for cognitive functioning and psychological disorders, brief interventions for behavioral medicine issues (compliance, weight, exercise, etc), depression, anxiety, family issues, and dementia related behavioral problems. Consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.  
*Outside of clinic:* Neuropsychological and capacity assessment, individual psychotherapy and/or couple or family therapies.
- 5. Intern's role in the setting:** Essentially the same as the Staff Psychologist. There is some opportunity for research or working on quality improvement as well as giving clinical/educational presentations.
- 6. Amount/type of supervision:** Live supervision of new skills, 1-2 hour individual supervision. Group supervision provided if multiple trainees and usually done as part of team clinic. Informal supervision involving working side-by-side on cases with the staff psychologist, particularly in the clinical setting. Level of autonomy is individually negotiated according to training goals.
- 7. Didactics:** Attendance is required at the GRECC weekly Tuesday seminar (4-5pm). Seminars cover topics in geriatric medicine and interdisciplinary topics in geriatrics. Daily informal teaching from every discipline. Assigned readings.
- 8. Pace:** Varied, depending upon the needs of the patients. Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam. Workload can be managed within the allotted time.

This is a primary medical care program run by the Geriatric Research Education and Clinical Center (GRECC). The GRECC also runs a second clinic, the Geriatric Primary Care Behavioral Health (Geri-PCBH), which offers individual outpatient based psychotherapy to all geriatric primary care patients. While the Geriatric Primary Care Clinic offers psychology services only to GRECC Geriatric Primary Care Patients, the Geri-PCBH program takes referrals from all Primary Care Clinics and works closely with the PCBH program (see the Psychological Services for Medically-Based Populations). The Geri-PCBH clinic offers psychotherapy and pharmacotherapy to older primary care patients who present with depression and anxiety. Interns work in close collaboration with the interdisciplinary team. Trainees provide individual brief and long-term psychotherapies (including cognitive behavioral therapy, interpersonal psychotherapy, problem solving therapy and reminiscence therapy), family therapy, behavioral medicine interventions, cognitive and mental health screenings and focused neuropsychological assessment. Many of the patients in the clinic have some level of cognitive impairment and many are diagnosed with dementia. Therefore, it is likely that the intern will work with patients with these impairments and/or with their caregivers to assist with coping and stress. We also provide coping techniques for a variety of medical conditions and work closely with the team to help improve patients' compliance with treatments offered by social work, nursing and medicine.

Clinic hours for GRECC Geriatric Primary Care Clinic are Mondays from 1:00 pm to 4:00 pm and Tuesdays from 8:00 a.m. to 1:00 p.m; the Geri-PCBH Clinic hours are Thursdays from 1:00 pm to 3:00 pm. Further psychological interventions and assessment are done at times convenient to the intern. This clinic has trainees from all of the above disciplines, which affords an excellent opportunity to learn from and teach across disciplinary boundaries. There are opportunities to observe assessments and interventions by all disciplines and to be observed directly.

*Reviewed by:* Christine Gould, Ph.D.  
*Date:* 8/5/15

## **Geropsychiatry Community Living Center (GCLC, Building 360, MPD)**

**Supervisor: James Mazzone, Ph.D.**

**Patient population:** The Geropsychiatry Community Living Center encompasses 5 wards in the same building (A – Secure Dementia or Probate Conserved Ward; B – Locked Psychiatric or LPS Conserved Ward; D & E - Mixed Medical Psych Open Wards; and F - Palliative Care & Smoking Ward). Residents have serious medical problems and

- dementia or cognitive impairment
- long-standing psychotic-spectrum disorders
- less severe psychiatric problems, e.g., substance abuse, PTSD, depression
- behavioral problems

**Psychology's role:** The psychologist acts as a clinician and consultant to the interdisciplinary team, including:

- Evaluation and management of behavioral problems
- Neuropsychological screening, including assessment of capacity and conservability
- Individual and family psychotherapy on a limited basis
- Providing a psychological perspective at interdisciplinary care meetings and nursing reports

**Other professionals & trainees:** Nurses, geriatricians, psychiatrists, social workers, RNPs, recreation therapists, occupational therapists, physical therapists, pharmacologist, dietician, and trainees in RT, OT, psychiatry, and nursing.

**Nature of clinical services delivered:** Cognitive and capacity evaluations, behavioral assessment and management, and individual and family psychotherapy are the primary activities, along with those listed above.

**Intern's role:** The rotation focuses on learning to provide a wide range of mental health services on a multidisciplinary team treating older adults with dementia, long- standing psychotic-spectrum disorders, and various medical problems. Direct clinical activities involve: facilitating evaluation & management of behavioral problems elicited by clients; conducting neuropsychological screening focused on decision making capacity & conservability; and psychotherapy. Additional activities include meetings, staff education, and training.

**Amount/type of supervision:**

- 1 hour of weekly face-to-face supervision
- Informal supervision involving working side-by-side on cases with the staff psychologist
- Psychologist may have the intern do an audio recording of at least one therapy session.

**Didactics:** Opportunity to participate in educational programs offered to Extended Care Service staff.

**Pace:**

- Varied, depending upon the needs of the residents. Over course of rotation will be expected to follow residents for ongoing behavioral management and intervention in conjunction with episodic consultation assessment referrals. Although workload will fluctuate it can be managed within the allotted time.



- Attend applicable interdisciplinary care meetings.

Psychology evaluation and interventions at the 360 CLC are drawn from cognitive-behavioral spectrum approaches. For patients with behavioral problems and cognitive ability, behavioral contracts are frequently used. In addressing behavioral problems, the psychologist usually evaluates the patient; proposes to the interdisciplinary team a plan for assessment and intervention; revises the plan based on feedback; helps the team to communicate the plan to the patient and to other staff; and evaluates the results on an ongoing basis.

Examples of clinical problems for which psychology has been consulted:

- Verbal and physical abuse of staff or anger outbursts during care
- Non-compliance with prescribed or recommended care
- Assessing for delirium versus dementia in an elderly female patient with recent hip fracture and hip surgery.
- Capacity evaluation of a severely ill patient who demanded to discharge immediately "against medical advice"
- Providing family psychotherapy to a quadriplegic patient and her daughter, who were having heated conflicts during visits.
- Adjustment issues for a patient recently diagnosed with advanced cancer
- Hoarding behavior

A highlight of working at the Geropsychiatric CLC is the privilege of working with a highly skilled multidisciplinary team as it struggles to assess and treat a very complex and challenging group of patients. In this context interns benefit from hearing the enriching perspectives of other disciplines, while seeking to integrate their own psychological perspective into the team's decision-making process.

*Reviewed by:* James Mazzone, Ph.D.  
*Date:* 7/2/15

## **Home Based Primary Care Program (MB3 PAD and San Jose Clinic)**

**Supervisors:** Rachel L. Rodriguez, Ph.D., M.P.H., ABPP-Gero  
Elaine S. McMillan, Ph.D.

1. **Patient population:** The HBPC program serves primarily older Veterans (over the age of 65) with multiple chronic medical conditions and their caregivers/families.
2. **Psychology's role:** Direct service to patients and families; consultation with the HBPC interdisciplinary team and other hospital providers as needed;; member of the interdisciplinary team.
3. **Other professionals:** An interprofessional team including medicine, occupational therapy, nursing, nutrition services, pharmacy, and social work. Interns, residents, & fellows from all disciplines may participate.
4. **Clinical services:** Home-based interview assessments; cognitive screenings and capacity evaluations; brief individual & family therapy for a variety of emotional disorders; caregiver support and psychoeducation; interventions for pain and weight management, smoking cessation, and adherence to medical regimens; palliative care psychology, staff consultation.
5. **Intern's role:** Serves as the team psychologist.
6. **Supervision:** 1-2 hours individual supervision per week. Observation during team meetings and occasional observation during patient meetings. Audiotape review of patient therapy sessions, when taping is feasible. Theoretical orientation emphasizes social learning and cognitive behavioral perspectives within a brief treatment model.
7. **Didactics:** Short in-services provided to team during team meetings. Trainees provide one in-service to team during the rotation.
8. **Pace:** 4-5 home visits to patients per week. Brief progress note for each visit. One morning-long team meeting. About 1-2 hours of follow-up contact with staff, patient's families, other providers, etc.

The Home Based Primary Care (HBPC) program provides in-home primary medical care and psychosocial services for Veterans whose chronic medical conditions have made it difficult or impossible for them to access the outpatient clinics for the medical care they need. The HBPC program has three interdisciplinary teams that include a physician, nurse practitioners, occupational therapist, social worker, pharmacist, dietician, and psychologist. Trainees tend to work with only one team. A wide variety of psychological services are provided to HBPC clients by Psychology Trainees. These services include:

- Psychological assessments of patients and caregivers.
- Cognitive screenings and Capacity evaluations
- Individual and caregiver/family interventions for depression, anxiety, caregiver stress, end of life concerns and other forms of emotional distress.
- Training in behavioral medicine interventions, e.g., behavioral sleep management, pain management, weight management, and smoking cessation techniques.
- Consultation with other program staff about methods of enhancing patient adherence to treatment regimens.

Supervision includes 1–2 hours of individual supervision per week and observations during team meetings. Joint clinical visits are made during orientation and upon request of the trainee. The predominant theoretical orientation is cognitive-behavioral theory with an emphasis on shorter-term treatment for individuals and couples. Training and supervision about health care team dynamics is included as part of supervision.

*Reviewed by:* Rachel L. Rodriguez, PhD, MPH, ABPP-Gero  
*Date:* 7/27/15



**Hospice and Palliative Care Center/Sub-Acute Medicine Unit  
(Building 100, 4A and 4C, PAD)  
Supervisor: Julia Kasl-Godley, Ph.D.**

1. **Patient population:** hospitalized individuals with chronic, life-limiting or terminal illness and their families. The population is very diverse with respect to sociodemographic characteristics, disease states, mental health issues and life experience.
2. **Psychology's role:** direct clinical service, consultation, interdisciplinary team participation, staff support.
3. **Other professionals and trainees:** interprofessional team consisting of psychology, medicine, nursing, social work, occupational therapy, massage therapy, chaplaincy, music therapy, recreation therapy, pharmacy, dietary and volunteers. Students, interns, residents and fellows from various disciplines.
4. **Nature of clinical services delivered:** intake interviews; cognitive and mood assessments; individual, couples and family psychotherapy (supportive, cognitive-behavioral, psychoeducational, life review, ACT, MI, dignity/meaning-centered); bereavement assessments and brief interventions; interprofessional consultation.
5. **Intern's role:** direct clinical service provider, consultant, interdisciplinary team member, liaison with other services. Potential involvement in palliative care consults and clinically oriented research, program evaluation or educational outreach.
6. **Supervision:** at least one hour of individual supervision per week with additional supervision received as often as needed. One hour group supervision per week. Observation during team meetings and occasional observation during therapy sessions.
7. **Didactics:** Weekly Interprofessional Hospice and Palliative Care didactics; daily interdisciplinary treatment team meetings; opportunities to participate in additional educational events (e.g. National End-of-Life audioconferences, Palliative Care Grand Rounds, relevant Gero/Neuro seminar topics; annual Hospice Foundation of America teleconference, relevant webinars).
8. **Pace:** 4-6 contacts a week (patients and families). Progress notes for each contact.

The VA Hospice and Palliative Care Center is a 25-bed inpatient unit that provides palliative and hospice care to patients with life-limiting and terminal illness and their families, a very diverse patient population with respect to disease states, sociodemographic characteristics, mental health issues and life experience. Patients are admitted on permanent or short stays (the latter used primarily for acute symptom management and to relieve family caregiver stress) and can leave and re-enter the program as needed. Common conditions include metastatic cancer, advanced heart failure, chronic lung diseases, end-stage liver and kidney disease, dementia and progressive neurological diseases (e.g. ALS). 'Palliative care' is care provided at any point in the trajectory of an illness for the purpose of alleviating physical and psycho-social-spiritual suffering, enhancing quality of life, effectively managing symptoms, and offering comprehensive, interdisciplinary support to the patient and family throughout the course of illness, regardless of stage of disease. Hospice refers to an aspect of palliative care devoted to alleviating symptoms and enhancing quality of life during the last six months of life for patients who accept that disease-directed therapy can no longer benefit them, though interventions intended to maximize quality of life will be continued and even enhanced. In addition to meticulous symptom management and minimization of physical and psychosocial suffering, specific goals of hospice include self-determined life closure, safe and comfortable dying, and effective grieving. The VA Hospice and Palliative Care Center also includes an inpatient Palliative Care Consult Team and outpatient Palliative Care Clinic. The Subacute Medicine Unit is a 13 bed short stay inpatient medical ward intended to provide a "bridge" between acute care and care elsewhere, typically either the home or nursing home setting. Services are provided by an interdisciplinary team composed of medical, nursing, OT, PT, social work, chaplaincy, psychology and recreational therapy.

The Psychology intern works collaboratively with other professionals in assessing the patients and their support network, prioritizing problems, and defining and implementing psychological interventions. Psychological services commonly offered include cognitive and mood assessments and psychotherapeutic interventions (cognitive-behavioral therapy, acceptance and commitment therapy, motivational interviewing, life review, psychoeducation, dignity/meaning-centered psychotherapies) to individuals, couples and families. Psychological issues addressed include pain and symptom management, psychiatric problems (e.g. depression, anxiety, serious mental illness), adjustment and grief reactions (e.g. cognitive status, disability, dying process), low distress tolerance, existential and spiritual angst, questions of meaning, unfinished business, guilt, interpersonal problems, communication difficulties, crisis management and legal and ethical issues (e.g. abuse, decisional capacity). However, psychological issues addressed also include a sense of well-being, spiritual comfort, forgiveness, gratitude and post-traumatic growth. Moreover, our hope is that by helping seriously ill patients and their families find connection and healing in the midst of suffering, psychology trainees will find deeper meaning in their own lives. The Psychology intern also has the opportunity conduct bereavement assessments/brief interventions, addressing physical and mental health status, coping efforts, availability and perceived satisfaction with social support and use of referrals.

*“The Hospice and Palliative Care rotation was one of my first internship rotations and definitely the most memorable. The training experience was dynamic and invigorating, as I grew professionally, clinically, and personally. I continue to apply the lessons learned from the rotation to my current work. The clinical team provides a rich learning environment and the opportunity to work with Veterans at the end stage of life is a great honor.” ~Recent intern*

Reviewed by: Julia Kasl-Godley, Ph.D.  
Date: 8-5-14

### **Memory Clinic (Building 5, 4th floor, PAD)**

**Supervisor: Lisa M. Kinoshita, Ph.D.**

See description in Neuropsychological Assessment section.

### **Neuropsychology Assessment and Intervention Clinic (Building 6, PAD)**

**Supervisor: Harriet Katz Zeiner, PhD**

See description in Neuropsychological Assessment section.

### **Sierra Pacific Mental Illness Research Education and Clinical Centers (MIRECC)**

#### **Dementia Core (Building 5, Palo Alto Division)**

**Supervisor(s): Sherry A. Beaudreau, Ph.D., ABPP-Gero**

**J. Kaci Fairchild, Ph.D., ABPP-Gero**

**Lisa Kinoshita, Ph.D.**

**Allyson Rosen, Ph.D., ABPP-CN**

See description in the Clinical Research Programs section.

### **Spinal Cord Injury Outpatient Clinic (Building 7, F143, PAD)**

**Supervisor: Jon Rose, Ph.D.**

See description in Psychological services for Medically-based Populations section.

**Spinal Cord Injury Service (Building 7, PAD)**

**Supervisors:** Stephen Katz, Ph.D.

John Wager, Ph.D

See description in Psychological services for Medically-based Populations section.

**The Western Blind Rehabilitation Center (Building T365, MPD)**

**Supervisor:** Laura J. Peters, Ph.D.

See description in Psychological Services for Medically-Based Populations section.

## **Psychological Services for Medically-Based Populations**

### **Introduction and Overview**

The provision of psychological services to medically-based populations provides psychologists with unique opportunities for interdisciplinary treatment. At Palo Alto, these opportunities are found in outpatient and inpatient settings emphasizing traditional medicine, surgery, and rehabilitation. The psychological techniques employed with medically-based populations do not differ greatly from those used with psychiatric populations. However, the philosophy of treatment is unique in several respects.

Aside from the physical aspects of disability, medical patients differ from psychiatric patients in a number of ways. Initially, they tend to see their problems as physical and do not seek psychological intervention. Clients that a psychologist would be seeing may have no preexisting psychological dysfunction. Sometimes, patients with disabilities often evoke strong initial feelings of personal vulnerability and anxiety in staff who work with them.

Assessment and therapy in traditional medical settings focuses on interventions designed to alter health related problems and treatment of anxiety and depression related to medical illness. Patients are helped to take action to improve their health or cope with a chronic illness. Work with primary care or specialty medical clinic populations is characterized by an emphasis on environmental/functional issues, intermittent short-term interventions, and treating the patient from an interdisciplinary systems perspective.

The approach to assessment and therapy in rehabilitation populations emphasizes adaptive coping with a difficult situation. The psychologist seeks to help patients learn how to adapt to the challenges of their circumstances. Not only is part of the problem outside the person, at times the solution is also outside. Thus, modifying the environment in which people with disabilities find themselves may be an appropriate therapeutic intervention for the psychologist. This can be accomplished by teaching staff and families appropriate interaction strategies and by working to remove architectural, legal, and attitudinal barriers.

The psychology staff at the VA Palo Alto Health Care System who provide services to medically-based populations recommend that any interns who expect to have contact with people with cognitive, physical, or sensory disabilities consider a medically-based psychology rotation. Each of the training sites described below offers supervised experience with specific disabilities with medical/rehabilitation disciplines, and with patients whose primary problem is not psychiatric. *Interns in any track may choose to train for 6 months in any of the rotations described below, with the exception that a full year of training in the Behavioral Medicine Program is available only to Behavioral Medicine track interns.*

The training objectives for rotations serving medically-based populations are to help the intern:

1. Learn to use assessment tools designed for non-psychiatric patients. Focus on strength and coping resources of the individual and learn to adapt traditional assessment techniques where appropriate.
2. Demonstrate knowledge of psychological adaptation to illness and disability and appropriate interventions for non-psychiatric patients. Be able to identify the differences between the effects of trauma, abnormal functioning, and the coping of a "normal" person. The intern must learn to provide short-term counseling for patients and integrate their work within a team treatment plan.
3. Learn specific psychological interventions for this population. Some examples are: CBT for insomnia, relaxation training and CBT for pain, cognitive-behavioral interventions for management of food, alcohol, tobacco and drug dependence, therapy for sexual dysfunction, social skills training for the patients with disabilities to manage the social and interpersonal effects of disability.

4. Learn the role of a psychologist on interdisciplinary and multidisciplinary settings. Develop an understanding of the work other disciplines do in treating the illness or disability of your patients.
5. Learn to collaborate effectively with other disciplines in interdisciplinary and multidisciplinary settings, especially in outpatient medical settings where continuity and prompt response to patient needs are a focus.
6. Become aware of the possible pre-existing positive and/or negative prejudices about illness or disability and how to deal with personal feelings of vulnerability and anxiety. Learn the resources available to assist the client after treatment, provide regular follow-up to promote maintenance of treatment gains, and refer to other appropriate psychological resources when you are beyond your limits of expertise.

Reviewed by: Jeanette Hsu, Ph.D.

Date: 9/15/15

### Behavioral Medicine Program (MB3, PAD)

Supervisors: Stacy Dodd, Ph.D.

Jessica Lohnberg, Ph.D.

Priti Parekh, Ph.D.

1. **Patient Population:** Medical and surgical patients from culturally diverse backgrounds
2. **Psychology's role:** Provide consultation, assessment and intervention to medical patients.
3. **Other professionals and trainees:** Medical Attending Physicians, Fellows, Residents, Nurse Specialists, Nurse Practitioners, Pharmacists, Dieticians, Physical Therapists, Recreational Therapists, Chaplains, Social Workers.
4. **Nature of clinical services delivered:** Psychological assessment and intervention of behavioral issues related to illness; treatment of anxiety, depression and other DSM-5 diagnoses related to medical problems.
5. **Intern's role:** Provide consultation, assessment, and treatment for individuals, couples, groups in specialty medical clinics and the behavioral medicine outpatient clinic.
6. **Amount/type of supervision:** One hour individual and 1.5 hours group supervision per week, audio and/or videotaping of sessions expected.
7. **Didactics:** One and a half hour Behavioral Medicine seminar weekly September thru June.
8. **Pace:** Moderate to fast pace, time is structured, fast turn-around on most notes, more time for comprehensive assessments (e.g., transplant evaluations)

The Behavioral Medicine Program at VAPAHCS received the Excellence in Training Award from the Society of Behavioral Medicine in 2012. Ours is the first VA program to have received this honor.

*"The BMed track won that SBM award for a reason! My training experience was exactly what I'd hoped for. I thank the BMed supervisors for their time and support, as well as their dedication to their role as supervisors."*  
~Recent intern

**Intern Schedule:** Interns opting for the *Behavioral Medicine track* spend a full year, half-time on this rotation. Interns from other training tracks may choose a 6-month, half-time experience on this rotation in the first half of the internship year only. Interns carry a caseload of patients referred directly to the Behavioral Medicine Clinic from anywhere in the hospital. Interns also have the opportunity to co-facilitate group treatment within the Behavioral Medicine Clinic for patients with chronic pain and/or insomnia. For more

specialized experience, interns are also expected to select two different Focus Clinics (4 hours each) every six months. Within Focus Clinics, interns are provided with relevant research articles and/or summaries of

psychological issues, medical procedures, and pharmacological information specific to the clinic population. For an overview of each of those clinics, please see the listing below.

### **Focus Clinics**

**PAIN CLINIC:** Assessment and brief treatment of patients with chronic pain from an interdisciplinary perspective. From a Behavioral Medicine perspective, the focus in clinic is primarily on assessment with some brief intervention (e.g., sleep management, use of pacing, relaxation strategies) although there are opportunities for follow-up outside of clinic. Interns gain familiarity with a broad range of pain syndromes and medical interventions, learn brief in-clinic psychological assessment/intervention with this population, gain skills in doing some presurgical evaluations (e.g., spinal cord stimulator placement), and learn strategies for integrating into an interdisciplinary team.

*4 hrs/week; usually see 3-5 patients/week*

On-site Supervisors: Jessica Lohnberg, Ph.D. & Priti Parekh, Ph.D.

**HEMATOLOGY/ONCOLOGY CLINICS:** Assessment and treatment (brief and longer-term) of patients diagnosed with Hematological and/or Oncological disorders/disease from an interdisciplinary perspective. For interns, the focus in clinic is on introduction of Behavioral Medicine services and distress screening at time of veteran's first clinic visits, assessment (including brief neuropsychological screening) for patients with identified behavioral medicine concerns, and conducting brief interventions (e.g., pain management, sleep hygiene, behavioral activation, relaxation strategies) or longer-term interventions (e.g., adjustment to life-threatening illness, addressing end of life issues) for patients at different timepoints along the illness trajectory. There are also opportunities for follow-up outside of clinic which include seeing patients while hospitalized and working with patient's family members. Interns gain familiarity with a broad range of Hematological and Oncological disorders/disease, medical interventions, and related sequelae; learn brief in-clinic and longer-term psychological assessment/intervention with this population; develop or strengthen psychopharmacological knowledge; and develop strategies for effectively integrating into a multidisciplinary team.

*4 hrs/week; usually see 3-4 patients/week*

On-site Supervisor: Stacy Dodd, Ph.D.

**SMOKING CESSATION CLINIC:** Group assessment and individual brief treatment of patients who want to quit smoking. The intern learns cognitive-behavioral strategies for smoking cessation and gains knowledge of prescribing nicotine replacement therapy as well as other medications for smoking cessation. The intern eventually leads the group, which is primarily psychoeducation, as well as provides brief treatment (which may include problem-solving, analysis of triggers, relapse prevention, motivational enhancement, providing support, etc.). The clinic varies from week to week and is often fast-paced; patients often have a wide range of mental health issues. Interns learn to manage a large number of patients over a brief period of time as well as conduct phone consultation with other healthcare providers as indicated.

*4 hrs/week; usually see up to 10 patients in group and 3-6 individual patients for brief follow-ups*

On-site Supervisor: Jessica Lohnberg, Ph.D.

**MOVE TIME CLINIC (INTENSIVE WEIGHT MANAGEMENT AND BARIATRIC SURGERY):** MOVE! is the stepped-care, nationwide VA program aimed at helping obese and overweight Veterans lose weight. The MOVE TIME Clinic is an interdisciplinary intensive weight management clinic that includes psychologists, physicians, physical therapists, dietitians, surgeon, and often a medical student or resident. The goal of the clinic is to provide intensive assessment and treatment for patients who continue to struggle with weight loss despite multiple attempts, and for patients who are medically/psychologically complicated. This clinic serves both patients within the VA Palo Alto HCS as well as patients from other VA hospitals in neighboring VISNs (e.g., from Montana, Idaho, Washington, Oregon, and Nevada). The



patients are seen every 3-4 months and clinic appointments typically last 2-4 hrs. Most patients are considering bariatric surgery, but some come for medical management of obesity, including consideration of weight loss medications. The team works closely with the bariatric surgery team. Interns will gain experience working on an interdisciplinary team and conducting assessments with new patients focused on the relationship between obesity and their psychological health. Interns may also provide brief interventions for obesity, depression, anxiety/stress, sleep difficulties, and pain management. Interns will also gain experience participating in the weekly interdisciplinary team meetings and with conducting triage and coordination of services with other members of the team and/or providers at other VAs. There is also an interdisciplinary journal club integrated into the clinic that provides the opportunity for interns to learn from and teach to providers from multiple disciplines. Interns may also conduct pre-bariatric surgery evaluations, participate in the quarterly bariatric surgery seminar, and join the monthly bariatric team meeting, if scheduling allows.

*4 hrs/week; usually see 2-4 patients/week*

On-site Supervisor: Jessica Lohnberg, Ph.D.

**ANDROLOGY:** Individual assessment and brief intervention for male patients experiencing difficulties with their sexual functioning from an interdisciplinary perspective. Interns conduct assessments with patients in the clinic and provide consultation to the medical team and/or provide brief cognitive behavioral interventions to individuals or couples to improve sexual functioning (e.g. psychosexual education, cognitive restructuring, communication skills, stimulus control, squeeze technique, sensate focus, etc). Interns gain familiarity with various sexual difficulties in men across the life span and increase familiarity with medical interventions for male sexual dysfunction. Interns will work closely with physicians, will be involved in training of medical trainees, and learn strategies for integrating into an interdisciplinary team.

*4 hrs/week; usually see 2-3 patients/week*

On-site Supervisor: Stacy Dodd, Ph.D.

**HEPATITIS C/LIVER CLINICS:** Individual assessment of patients who are being considered for antiviral treatment of their HCV and occasional follow-up of patients who are currently on treatment. Also, individual assessment and brief intervention for patients with liver diseases (Hepatitis C, cirrhosis, nonalcoholic steatohepatitis, etc.). Interns become familiar with the course of antiviral treatment for Hepatitis C and its common side effects, learn what factors may be an obstacle to beginning treatment, and offer brief interventions as needed to help patients cope with treatment side effects and promote adherence. Interns also see patients through the general Liver Clinic, assessing for psychological or behavioral factors that may interfere with effective management of liver disease, and providing brief interventions to target alcohol use, health behaviors, and/or adherence. Patients in this clinic differ from some of the other medical clinics in that they tend to have significant drug and alcohol histories. Assessments and interventions may therefore include brief motivational interviewing and relapse monitoring and prevention strategies. Interns learn how to work within an interdisciplinary team.

*4 hrs/week; usually see 2-4 patients/week*

On-site Supervisor: Priti Parekh, Ph.D.

**\*IMMUNE CLINIC:** The Immune Clinic serves primarily those individuals infected with HIV (Human Immunodeficiency Virus) disease (including AIDS and ARC). Although most clinic patients are HIV+, non-HIV+ patients are occasionally followed for treatment. The Clinic is staffed with multi-disciplinary professionals including infectious disease physicians, a clinical neuropsychologist, clinical nurse practitioner, social worker, pharmacists, chaplain (available by consultation), and a licensed vocational nurse. Patients are treated on an outpatient basis, with clinic staff serving as treatment consultants whenever individuals require inpatient care. A variety of services are offered within the clinic including medical and pharmacological interventions, neuropsychological assessment, social service evaluations/follow-up, and religious/spiritual consultation. In addition, patients are routinely screened for

psychological distress and are referred for psychiatric/ psychological services as needed. Interns may participate in the ongoing cognitive screening of clinic patients, make referrals for additional psychological/ psychiatric services as noted above, and participate in the multidisciplinary exchange of ideas and information in the management of chronically or terminally ill patients.

\*This Focus Clinic is intended for interns in the Behavioral Medicine track only and takes place in the last 3 months of the year.

*2-4 hrs/week; usually see 2-4 patients/week*

On-site Supervisor: Gary Miles, Ph.D.

**Supervision:** Supervision consists of a minimum of one hour of individual and 1.5 hours group meetings each week. Additional, often impromptu, individual sessions are scheduled as needed. Supervision includes, but is not limited to: review of the trainee's cases, problems the trainee identifies, and personal issues related to clinical work or professional development. Interns regularly videotape or audiotape patients and take turns presenting their cases each week during group supervision. A postdoctoral fellow helps interns prepare their case presentations for group supervision and facilitates the peer supervision that occurs in this setting; the fellow may also provide additional individual supervision for some interns. The goals of group supervision are to help the intern become accustomed to consulting with peers and for peers to develop skills at providing such help. Additionally, a portion of group supervision includes Journal Club. Presenters share research articles relevant to the case they are presenting. We strongly emphasize observation (taped and live) of both supervisors and trainees; talking about therapy is simply not enough. Trainees have an opportunity to watch their supervisor's clinical work, particularly in the focus clinics.

Our orientation is, we hope, intelligently eclectic. Cognitive-behavioral approaches are fundamental to modern clinical health psychology. The experience of major illness raises many issues about what is meaningful in a patient's life and how family and other's reactions to the patient's disease can be understood. Thus, we believe that systems, interpersonal, and existential approaches also contribute significantly to clinical health psychology. Our job is to sort out such divergent orientations in a productive and flexible way.

**Seminar:** We have a Behavioral Medicine seminar that meets each week for one and one-half hours. It starts the first week interns are on service and usually ends around early June. The early topics deal with how to function in a medical setting, including: assessing lethality, how psychiatric symptoms can be manifest by medical illness and medication, abbreviations used in charts, and how to negotiate the hospital computer system, write progress notes, and respond to electronic consults. Later we move on to seminars on medical problems, such as: pain, diabetes, cancer, obesity, hepatitis, tobacco dependence, sexual dysfunction, hematological disorders, HIV, organ transplantation, sleep disorders, visual impairment, cardiology, adherence, spinal cord injury (SCI) and death and dying. Seminars typically include: focus on evidence-based treatment, review of relevant topic-specific assessment measures, relevant research articles, and reference to additional recommended texts or articles.

*"This year has been amazing! I feel that I've learned so much in the BMed rotations and from the supervision and professional mentoring by BMed supervisors. I feel so lucky and grateful for my time with you all over the past year." ~Recent intern*

**Contact:**

Stacy Dodd, Ph.D. (x67915 or [Stacy.Dodd@va.gov](mailto:Stacy.Dodd@va.gov))  
Jessica Lohnberg, Ph.D. (x67004 or [Jessica.Lohnberg@va.gov](mailto:Jessica.Lohnberg@va.gov))  
Priti Parekh, Ph.D. (x64130 or [Priti.Parekh@va.gov](mailto:Priti.Parekh@va.gov))

*Reviewed by:* Stacy Dodd, Ph.D; Jessica Lohnberg, Ph.D.;  
Priti Parekh, Ph.D.  
*Date:* 7/14/15; 6/30/15; 7/7/15.

**Cardiac Psychology Program (Building 6, PAD)**

**Supervisor: Steven Lovett, Ph.D.**

See description under Geropsychology section.

**Community Living Center (CLC, Building 331, MPD) – Short-Stay/Rehab & Long-Term Care Units**

**Supervisor: Margaret Florsheim, Ph.D.**

1. **Patient population:** Patients with complex medical problems requiring either short-term or long-term skilled nursing care with interprofessional team support.
2. **Psychology's role:** Clinical services to patients and their families, consultation with other disciplines, psychology education of staff and trainees and participation in the management of team dynamics.
3. **Other professionals:** Medicine, Nursing, Pharmacy, Social Work, Occupational Therapy, Physical Therapy, Recreational Therapy and Dietetics. Trainees from the above disciplines may be present. As indicated, the Palliative Care Consult team also works collaboratively with CLC staff.
4. **Clinical services:** Screening for cognitive functioning and psychological disorders, neuropsychological and capacity assessment, individual, family and group therapy, behavioral interventions to address problematic behavior, consultation with other disciplines and psychology education of staff.
5. **Intern's role:** Serves as team psychologist for either the short-stay/rehab or long-term care unit.
6. **Supervision:** At least one hour of individual supervision per week with additional informal supervision obtained from working side-by-side with the staff psychologist. Opportunities exist for observation during team meetings as well as audiotaped review of patient therapy sessions.
7. **Didactics:** Opportunity to participate in monthly webinar/ CLC mental health provider calls and participate in educational presentations for CLC staff.
8. **Pace:** 4-6 contacts a week (patients and families). Progress notes for each contact. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam.
9. **Unit Assignment:** Assignment is to either the short-term/rehab or the long-term care unit. No prior experience working with elders or in medical settings is required for either unit.

Building 331 CLC is a medically focused, 60 bed skilled nursing facility located at the Menlo Park Division. The building is divided into two units. Each unit has a specialty focus – Short-Stay/Transitional Care, or long-term care. Patients must be eligible veterans requiring skilled nursing or intermediate care services, but not intensive medical care. The population is comprised primarily of patients with multiple medical problems, neurological conditions (e.g., stroke, dementia, Parkinson's disease, multiple sclerosis and spinal cord injury) and cancer. Trainees choose to work on one of the two units. Psychological services to both units include assessment of cognitive status and mood,

psychotherapy (individual, family and/or group) and consultation to other team members on behavioral issues impacting care.

The Short Stay/Transitional Care Unit bridges the gap between hospital and home. The unit is designed for individuals who no longer need hospitalization in the acute care setting but still require additional medical, nursing, rehabilitative and/or supportive services that cannot be provided in the home. The goal is to assist patients to function more independently at home and in the community. Patient stays can range from weeks to months, with an average stay being 30 days. Training offers interns an opportunity to work in an inpatient medical setting as a member of an interprofessional team. Unit residents are typically in their 60's -70's. Many also present with psychiatric and social concerns, such as depression, untreated PTSD, active substance abuse and homelessness. Psychology interventions support the veteran's rehab needs, adjustment to current medical concerns and hospitalization as well as support the interprofessional staff in meeting the veteran's goals of care. Psychological interventions include screening for cognitive functioning and psychological disorders, neuropsychological and capacity assessment, brief psychotherapy to address emotional response to health concerns and hospitalization and consultation with other team members to address problematic behavior, including problems with medical care compliance. Opportunities exist to work with CLC staff and members of the Palliative Care Consult team to address end-of-life concerns, particularly with veterans receiving supportive care during cancer treatments.

The long-term care unit strives to create a sense of community for those veterans for whom the CLC is a permanent home. Training offers an experience in multidisciplinary teamwork in inpatient long-term care setting with medically frail elders and in end-of-life care. Psychological interventions support adjustment to disability and institutional living and include grief counseling, management of negative emotions, and interventions to address problematic behavior. In addition to individual and family psychological interventions, opportunities exist for interns to co-facilitate psychotherapy groups. Assessment experiences can include assessment of cognitive functioning and psychological disorders, neuropsychological and capacity assessment. Additionally, there are opportunities to work collaboratively with members of the Palliative Care Consult team to support end-of-life care. Veterans requesting to stay in this familiar environment receive palliative care in the terminal phases of their illnesses.

*Reviewed by:* Margaret Florsheim, Ph.D.  
*Date:* 5/19/15

**GRECC/Geriatric Primary Care Clinic (PAD, GRECC-Bldg 4, Clinic-5C2)**

**Supervisor:** Terri Huh, Ph.D., ABPP-Gero

See description under Geropsychology section.

**Home Based Primary Care Program (MB2B PAD and San Jose Clinic)**

**Supervisors:** Rachel Rodriguez, Ph.D., M.P.H., ABPP-Gero

Elaine S. McMillan, Ph.D.

See description under Geropsychology section.

**Hospice and Palliative Care Center/Sub-Acute Medicine Unit  
(Building 100, 4A and 4C, PAD)**

**Supervisor:** Julia Kasl-Godley, Ph.D.

See description under Geropsychology section.

**Neuropsychology Assessment and Intervention Clinic (Building 6, PAD)**

**Supervisor:** Harriet Katz Zeiner, PhD

See description in Neuropsychological Assessment section.

**Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center  
(Building 7, PAD)**

**Supervisors:** Neda Raymond, Ph.D.

Tiffanie Sim, Ph.D. ABPP-RP

Elisabeth McKenna, Ph.D.

See description in Neuropsychological Assessment section.

**Polytrauma Transitional Rehabilitation Program (PTRP)  
(Building MB2, PAD)**

**Supervisors:** Carey Pawlowski, Ph.D.

TBD (additional neuropsychologist)

See description in Neuropsychological Assessment section.

**Spinal Cord Injury Outpatient Clinic**

**(Building 7, F143, PAD)**

**Supervisor:** Jon Rose, Ph.D.

**Patient population:** Persons with spinal cord injury/dysfunction, age 18 to 90, but predominantly older adults; duration of injury from a few days to 60 years.

**Psychology's role:** Clinical services to patients, consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.

**Other professionals and trainees:** Medicine, Nursing, Occupational Therapy, Physical Therapy, Recreation Therapy and Social Work.

**Nature of clinical services delivered:** Screening for cognitive functioning and mood disorders, neuropsychological and personality assessment, individual and some family therapies.

**Intern's role:** Essentially the same as the Staff Psychologist. Opportunity to supervise practicum students.

**Amount/type of supervision:** Live supervision of new skills, 1-hour individual supervision, 1-hour group supervision; level of autonomy negotiated according to training goals.

**Didactics:** Neurosurgery/Radiology Grand Rounds Thursdays 8:15–9, Patient Education classes W 12–1 p.m., and assigned readings.

**Pace:** Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted on the day of patient contact. Assessment reports should be written within a week of completing the exam. Supervisor reviews all notes and reports via e-mail. Workload can be managed within the allotted time.

This comprehensive special care program serves outpatients in Northern California, Hawaii, The Philippines, American Samoa, Guam, and parts of Nevada. Home care is also provided to assist in the transition from inpatient to outpatient care. Although spinal cord injury is a serious medical condition, people often become more functional and socially active as a result of their rehabilitation experience. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI service treats any complications and performs health care maintenance. Therefore, the Psychology intern sees many different problems. Most of our patients do not see themselves as mental health patients, even when

receiving psychological interventions. We follow our patients at least once a year for life, so there is an opportunity to observe how people adapt to disabilities throughout adulthood, and how adult development and aging interact with disability.

Trainees provide individual brief and long-term psychotherapies, family therapy, behavioral medicine interventions, cognitive and mental health screenings and focused neuropsychological assessment. Most psychology interventions are related to the treatment of psychological antecedents and sequelae of medical/surgical problems, as well as diagnosis and treatment of depression, alcoholism and cognitive deficits in older adults. Some care is given by telephone or video conference to home due to the large catchment area. The major goal of the rotation is to learn how to function in a medical setting as a member of an integrated health care team, providing services for the prevention and treatment of psychological distress. Significant training is also provided in the psychology of aging and its clinical application, so this can be considered a geropsychology rotation as well as offering opportunities for training in physical rehabilitation and neuropsychology.

Interdisciplinary assessments are usually done Mondays and Fridays from 9:00 to 3:00, Tuesdays from 8:30 to 4:00 and Fridays from 10:00 to 12:30. Further psychological interventions and assessment are done at times convenient to the intern. The rotation requires 18 hours per week including Tuesdays from 7:45-2:30.

*"I had a wonderful training experience in SCI! I felt well-supported and well-respected by my supervisor and very much appreciate that he broadened my horizons." ~Recent intern*

Therapy supervision is available for behavioral, cognitive, client-centered, psychodynamic, motivational interviewing and systems approaches. Neuropsychological assessment is both actuarial and qualitative. Assessments are targeted to specific questions and designed to take sensory and motor deficits unrelated to brain functioning into account. A postdoctoral fellow may provide additional supervision. In

addition to individual supervision, psychology trainees attend weekly group supervision. Interns will receive training in the supervision of practicum students.

*Reviewed by:* Jon Rose, Ph.D.

*Date:* 7/10/15



## **Spinal Cord Injury Service (Building 7, PAD)**

**Supervisor: Stephen Katz, Ph.D.**

**John Wager, Ph.D.**

1. **Patient population:** Persons with spinal cord injury/dysfunction, age 18 to 90, mean age 55; duration of injury from a few days to 60 years. Admitted for rehabilitation, medical/surgical problems/complications, neurologic, psychiatric co-morbidities and annual evaluations.
2. **Psychology's role:** Treatment of psychological antecedents and sequelae of medical/surgical problems, as well as psychological treatment of such conditions; every patient admitted is assessed for psychological services. Services, referrals, consultation to team, and/or intervention in team functioning and dynamics as indicated. We serve as consultants for evaluation of functional, diagnostic, and treatment considerations to interdisciplinary staff throughout the Spinal Cord Service. In addition, we provide psychoeducation and cognitive retraining to patients with neurological impairments.
3. **Other professionals and trainees:** Physicians, nurses, dietitians, physical, occupational and recreational therapists, and social workers along with trainees for each discipline.
4. **Nature of clinical services delivered:** Brief and extended neuropsychological and psychological assessment, individual and family therapy, sex therapy, social skills training, system consultation, cognitive remediation, staff training, pain management, patient education, and psychological rehabilitation.
5. **Intern's role:** Coordinate and participate in the provision of psychological services; assist with team functioning for a designated part of the Service. Interns are assigned a caseload for which they assume full responsibility for all aspects of the patient's psychological care. Comprehensive neuropsychological evaluations requiring interns to select, administer, score, and interpret a battery of tests in order to address the referral question. Opportunities for research are available and encouraged. Several presentations, publications, and dissertations have been accomplished here by students and the integration of science and practice is supported. Opportunities also exist to supervise two practicum students with the goal of developing your skills as a supervisor. This supervision will be supervised by attending SCIU staff psychologist.
6. **Amount/type of supervision:** Individual supervision (at least one hour/week) as well as one hour of group supervision focuses not only on patient and team interaction but also on systems issues. Early in the rotation, goals are mutually agreed upon and set by the intern and supervisor. In addition, an open door policy ensures frequent opportunities to drop in and discuss specific situations.
7. **Didactics:** SCI Grand Rounds, frequent SCI In-services, and Patient Education Classes are available for interns.
8. **Pace:** Approximately 4-6 patients are admitted weekly, so that interns will be asked to see 2 or 3 for initial evaluation, participate in treatment planning and write appropriate documentation. Number of patients seen per week for follow-up depends on clinical decisions made jointly with interns and supervisor, but has averaged approximately 5 per week. Interns will carry 1-2 neuropsychological cases at a time. The evaluation is encouraged to be timely in order to provide necessary recommendations to the team and patient. The pace is relatively relaxed, but the intern needs to be self-initiating and self-structured.
9. **Time requirement:** A half-time, 6-month rotation is usually required to become integrated into this complex system as a fully functioning team member.

The Spinal Cord Injury Center is a 48-bed facility located in Building 7 at the Palo Alto Division. The SCI Center is internationally recognized for providing excellent, state-of-the art care to newly injured veterans as well as long-term follow-up. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI service treats any complications as well as performs health care maintenance. Therefore, many different problems are seen by the Psychology intern during this inpatient medical/surgical rotation. Although spinal cord injury is a serious medical condition, people often

become more functional and socially active as a result of their rehabilitation experience. SCI rehabilitation patients are often hospitalized for a number of months, and the staff has an opportunity to get to know them and their families quite well. Usually patients are not admitted for psychological reasons, so providing psychological services may require the intern to function informally and casually, while maintaining a professional, helpful demeanor.

The major goal of the rotation is to learn how to function in an inpatient medical/surgical setting as a member of an interdisciplinary team, providing services for the assessment, prevention, and treatment of psychological distress and neuropsychological difficulties.

*Reviewed by:* Stephen I. Katz, Ph.D.; John Wager, Ph.D.  
*Date:* 7/28/15

**The Western Blind Rehabilitation Center (Building T365, MPD)**  
**Supervisor: Laura J. Peters, Ph.D.**

**Patient population:** Primarily geriatric veterans coping with visual impairment and other health issues. A subset of Active Duty, younger and older veterans who have brain injuries and sight loss for our Comprehensive Neurological Vision Rehabilitation Program.

- 1. Psychology's role:** The psychologist provides direct care to veterans and serves as a consultant to rehabilitation therapists.
- 2. Other professionals and trainees:** Other staff members are Masters and Baccalaureate level trained Blind Rehabilitation Therapists focusing on orientation and mobility, visual skills, manual skills, living skills and technology. Orientation and Mobility and Living Skills Trainees are often present, as are Psychology Practicum Students, Psychology Fellows and Social Work Interns.
- 3. Clinical services provided:** Intake Evaluations and Cognitive Screens of veterans on admission; participation in treatment planning meetings; provision of short-term psychotherapy; psychoeducational group leader; and interventions with staff working with the veterans. The psychology intern could also meet with veterans' family members who come to the Blind Center for Family Training.
- 4. Intern's role:** Interns participate in evaluations of veterans, provision of short-term individual psychotherapy, running a large psychoeducational support group, presenting at treatment planning meetings, and interventions with staff working with patients.
- 5. Amount/type of supervision:** Two hours of formal supervision would be offered for a half-time rotation. Informal supervision would be readily available as the supervisor is on site. Fulltime three month rotations might also be available.
- 6. Didactics in the setting:** Interns are given didactic and hands-on Blind Rehabilitation Training. Trainees are sensitized to the issues of working with veterans with acquired disabilities.
- 7. Pace:** For a half-time intern, working-up one to two patients a week with written report with turn-around of two to three working days is required. The Intern may also carry two to three patients for short-term psychotherapy as available. Progress notes are written on each psychotherapy session as soon as possible. Attendance at patient treatment planning meetings and consultation with staff would also be part of the interns' weekly duties as possible.

The Western Blind Rehabilitation (WBRC) is recognized internationally as a leader in rehabilitation services, training, and research. WBRC is a 32 bed residential facility, which provides intensive rehabilitation to legally blind veterans learning to adjust to and manage sight loss. It is staffed by 40 blind rehabilitation specialists and over 200 veterans go through the program each year.

The typical client is approximately 75 years old and is legally blind due to some progressive, age-related disease, although the age range is from the 20's through the 90's. The individual whose vision becomes impaired often must face a variety of losses. Those with partial vision, as opposed to those who are totally blind, often must learn to live with a "hidden disability," that is a disability not readily identifiable by others. Such hidden disabilities often elicit suspicion and discomfort in others, and lead to interactions in which the visually impaired individual is "tested". Finally, many of the individuals who are admitted to WBRC, in addition to losses and changes associated directly with vision loss, face losses associated with retirement from employment and from chronic illness. Fortunately, losses and changes experienced by those with vision impairment are offset by the acquisition of adaptive skills and personal reorganization. The psychologist's role at WBRC is to facilitate the process of adaptive adjustment to sight loss through the provision of assessment, psychotherapy, and staff consultation. The orientation of the supervisor is Cognitive-Behavioral. The focus is on brief psychotherapy since veterans are in the program for six to eight weeks on average. Both concrete actions veterans can take to improve their lives as well as changes in thinking patterns related to how to go on in the face of a catastrophic disability are addressed. Initially interns observe the supervising psychologist. Interns then move toward being observed while on the job and then working autonomously with supervision.

*Reviewed by:* Laura J. Peters, Ph.D.  
*Date:* 6/28/15

### **Women's Health Psychology Clinic** **Supervisor: Veronica Reis, Ph.D.**

- 1. Patient Population:** Medical and mental health patients from culturally diverse backgrounds
- 2. Psychology's role:** Triage, treatment planning, assessment, individual and group psychotherapy, collaboration with primary care behavioral health psychiatrist, collaboration with medical providers, consultation to interdisciplinary team
- 3. Other professionals and trainees:** Attending Physicians, Attending Psychiatrist, Medical trainees (medical students, interns and residents), Primary Care Behavioral Health Psychologists, Psychology Technician, Nurse Practitioners, RNs, LVNs, Pharmacists, Dieticians, Social Workers, Clerical Staff.
- 4. Nature of clinical services delivered:** Clinical services provided range from brief behavioral health interventions and/or problem solving sessions, to 12-16 sessions of psychotherapy focused on meeting specific goals identified during assessment. A variety of groups are also available. Bibliotherapy and referral to specialty mental health are utilized.
- 5. Intern's role:** Triage, assessment, treatment planning, psychotherapy, group co-facilitation, consultation to interdisciplinary team, consultation to Women's Heart Health/Prevention team. Other consultation opportunities in Breast Clinic, Sexual Health Clinic, and Women's Chronic Pain Clinic.
- 6. Amount/type of supervision:** One hour individual supervision plus "on the fly" supervision during triage
- 7. Didactics:** Participate in monthly case conference and journal club meetings
- 8. Pace:** Moderate pace. Progress notes and triage assessments should be drafted within 24 hours. Evaluations should be written within one week of initial meeting.

Women's Health Psychology (WHP) can be conceptualized as a hybrid of Primary Care Behavioral Health, Behavioral Medicine, and Women's Mental Health. The clinic is co-located in the Women's Health Center (the General Medical Clinic for women) so as to address barriers to mental health treatment engagement among patients. Via "warm handoffs" initiated by the patients' primary care providers we increase the likelihood that patients will engage in care and if warranted, facilitate the transfer of patients requiring higher level treatment to the Women's Counseling Center (WCC). The WHP psychologist's

primary responsibilities can be summarized as detection, prevention, and stabilization. *Detection:* We provide follow-up to positive alcohol, depression, and PTSD screenings administered in the primary care clinic and respond to referrals from primary care providers. *Prevention:* We offer primary or secondary prevention interventions to stave onset or forestall worsening of mental health disorders and/or medical conditions. We administer brief behavioral health interventions targeting unhealthy behaviors such as overeating, smoking, sedentary lifestyle, and poor sleep hygiene to promote wellness among our patients. *Stabilization:* We offer evidence based psychotherapies to help stabilize patients with acute psychiatric issues, such as PTSD, depression, anxiety disorders, and substance abuse. We refer to Women's Counseling Center following or concurrent with treatment in our clinic, if it is determined that the patient requires a higher level of care.

The clinic theoretical orientation is primarily integrative. Individual treatment, ranges from very brief behavioral health-oriented interventions (2-4 sessions) to 12-16 sessions of evidence-based psychotherapies such as CBT, Prolonged Exposure (PE), Acceptance & Commitment Therapy (ACT), Seeking Safety, or Dialectical Behavior Therapy (DBT). Periodically we provide individual treatment via Telemental Health. WHP offers a variety of gender-specific groups, including Women's Acceptance & Commitment Therapy, the Women's Wellness Workshop – a health promotion group for women with chronic diseases, Women's Living Well with Chronic Pain Group, Women's Recovery From Alcohol Group, Women's Healthy Relationships Group, and Women's Mindfulness Training for Chronic Conditions. Individual therapy in WHP may be augmented by group therapies provided at WCC and vice versa.

Interns will function as part of a multidisciplinary team providing triage assessment during primary care clinic. They will engage in treatment planning, intake evaluations, and time-limited individual treatment interventions. They will provide consultation to medical providers within the VA system regarding women's mental health and collaborate with the women's primary care based psychiatry clinic on Wednesday afternoons. Interns will co-lead groups with the postdoctoral fellow or Dr. Reis and are encouraged to develop new groups based on their clinical interests. Interns are also expected to serve as part of the Women's Pain Clinic on Tuesday mornings, collaborating with an medical pain specialist (anesthesiologist), pharmacist, and physical therapist. , and will co-facilitate monthly Women's Shared Medical Appointments. There are also opportunities to serve as a psychology consultant to the Breast Clinic on Mondays, the Sexual Health Clinic on Wednsdays, and the Women's Heart Health Clinic on Fridays. Structured supervision is a minimum of 1 hour each week and also occurs within the context of the primary care setting.

*Reviewed by:* Veronica Reis, Ph.D.

*Date:* 7/10/15

## **Neuropsychological Assessment**

### **Overview: Clinical Neuropsychology Internship Training**

Clinical Neuropsychology Internship training is offered as an emphasis area program. The following sites are primary training locations for Clinical Neuropsychology:

- Memory Clinic (Lisa Kinoshita, Ph.D.)
- Neuropsychological Assessment and Intervention Clinic (Harriet Katz Zeiner, Ph.D.)
- Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (Neda Raymond, Ph.D., Tiffanie Sim, Ph.D., ABPP-RP)
- Polytrauma Transitional Rehabilitation Program (Neuropsychologist TBD)
- Psychological Assessment Unit (James Moses, Jr., Ph.D., ABPP-CN)
- Spinal Cord Injury Unit (John Wager, Ph.D)

All neuropsychology rotations are described below. Neuropsychology training experiences also occur in other sites, such as the Behavioral Medicine service and some inpatient psychiatric wards; they can sometimes be arranged in other settings as well. For interns in the Neuropsychology track, two of their 4 primary rotations will be selected among the above sites. The other 2 training rotations can be selected from other clinical areas according to training needs and interests. While interns in any track may choose to train in any of the rotations described below, interns in the Neuropsychology track have preference in the choice of these rotations.

### **Training Objectives**

The training objectives for the Clinical Neuropsychology Internship track are:

#### **A. Diagnosis**

- Exposure to neuroanatomy, neurophysiology overview, brain cuttings (neuropathology), neurology/ neurosurgery/ neuroradiology and grand rounds as time permits.
- Exposure to major diagnostic test batteries
- Experience in at least one major diagnostic method that is thorough --model to be provided and taught by appropriate supervisor.
- Administer, score, interpret, and develop narrative reports based on results of testing.
- Utilize computer-assisted administration and scoring of certain measures (e.g. Category Test, Wisconsin Card Sorting Test, continuous performance tests) as well as data analysis to expedite interpretation of assessment data.
- Work with a variety of patient groups, including (primarily) head injury and stroke, but also such conditions as intracranial tumor, anoxia, infections, MS, dementing illnesses, and various psychiatric disorders.
- Prepare comprehensive reports that are both accurate and clinically useful. Practice in communicating report data to patients, interdisciplinary staff, family members, and outside agencies.
- Present case material to peers in a series of case conferences both within and external to the medical center.
- Expand knowledge/experience with severe psychopathology and associated cognitive deficits - inpatient rotation.
- Mastery of Wechsler scales (WAIS & WMS) for differential diagnosis, syndrome analysis.
- Mastery of MMPI-2 special scales and profile interpretation.
- Exposure to projective tests, if desired.
- Weekly case work-up under supervision assessment case.

**B. Rehabilitation/ Intervention**

- Familiarity with principles of cognitive remediation, methods, applicability, limitations and CARF standards.
- Theoretical background for Cognitive Retraining (CR), pros and cons, research base.
- Determination of candidacy/suitability for CR.
- Computer-assisted CR: Selected candidates; selecting hardware; monitoring success/failure.
- Use of assessment for short, intermediate and long-term planning.
- Use of neuropsychological assessment data in the development of problems lists and treatment plans.
- Establishing treatment goals and determining progress/outcome of treatment.
- Neuropsychological consultation with medical and unit staff who provide rehabilitative care.
- Providing psychoeducation to patients, family and staff concerning a variety of neuropathological conditions.
- How to provide assessment feedback to patients and families to begin the process of awareness and /or acceptance of cognitive/psychosocial strengths and weaknesses.
- Individual and group psychotherapy with neurologically impaired patients focusing on adjustment to physical/cognitive disability and a lower level of functional independence.
- Individual counseling/psychotherapy: Brain-impaired patients presenting with depression, anxiety, low self-esteem, impulsivity, sexual dysfunction, etc.
- Couples counseling: with patient and partner.
- Family therapy: with patient and immediate family.
- Case management-providing a neuropsychologically integrative viewpoint of patients for both staff and families.
- Longitudinal exposure to patients on whom tests are available, to build up a personal reference base of:
  - The natural history of recovery from brain injury.
  - Neuropsychological test scores and functional behavioral capabilities.
- How to present neuropsychological information, education and in-services to non-neuropsychological professional audiences.
- Identification and management of catastrophic emotional responses and acting out behaviors in neurologically involved patients.
- Unit issues.
  - Understanding of the unit or program milieu from systems perspective, including roles of other disciplines.
  - Elements of program development within on-going unit.
  - Research design including quality assurance consideration.

**Neuropsychology Didactics**

The Neuropsychology seminar meets on the fourth Thursday of each month, and the Neuropsychology Journal Club meets on the second Thursday of each month, from 3:00-4:30pm in tandem with the Geropsychology seminar. The first seminar starts during the last week of September and ends the last week of July. This seminar and Journal Club are required for neuropsychology interns and optional for other interested interns depending on supervisors' approval. Each week the seminar will typically include a presentation from invited VA or non-VA speakers addressing a range of clinical syndromes, while the Journal Club will include a discussion of relevant research articles, case presentations, and preparation for the Board Certification in Clinical Neuropsychology including review of the written exam, covered topics, and completion of one Fact Finding session per trainee.

The seminar will address a wide range of topics in neuropsychology, as well as many topics which overlap with geropsychology such as dementia, traumatic brain injuries, strokes, substance abuse, and psychopathology. Neuropsychology-focused topics will include the basics of brain organization and



assessment, differential diagnoses of cognitive impairment and dementia, neurological syndromes (e.g., aphasia, neglect), neuroimaging, neurological exams, assessment and therapy challenges in outpatient, inpatient and long-term care settings, assessment and treatment of psychopathology across the lifespan, working with interdisciplinary teams, evaluation of mental capacity, and psychotherapy with caregivers and cognitively impaired patients. The seminar coordinator, Neda Raymond, Ph.D., will send out schedules for the seminar throughout the year.

For neuropsychology interns only, there are optional educational experiences available which meet requirements for Board Certification in Clinical Neuropsychology:

- 1) Stanford Neurosurgery Grand Rounds every Friday from 7:00-8:00am at Stanford Li Ka Shing Center, Room LK130.
- 2) Stanford Neurology Grand Rounds every Friday from 8:00-9:00am at Stanford Li Ka Shing Center, Room LK130. See the current schedule of presentations at: <http://med.stanford.edu/neurology/education/grandRounds.html>.
- 3) Brain cutting sessions every other Friday in PAD Bldg. 100 from 10-11:30am with a neuropathologist. This experience will be arranged on individual basis by your primary supervisor.

*Reviewed by:* Maya Yutsis, PhD, ABPP-CN; Jeanette Hsu, Ph.D.

*Date:* 7/2/15; 9/17/15

### **Memory Clinic (Building 5, 4th floor, PAD)**

**Supervisor:** Lisa M. Kinoshita, Ph.D.

1. **Patient population:** Medical and psychiatric outpatients. Patients are primarily older adults with changes in cognitive functioning, memory concerns, or dementia, and the patient's caregivers.
2. **Psychology's role:** Direct clinical service, consultation, interdisciplinary team participation.
3. **Other professionals and trainees:** The Clinic's consultation staff consists of a clinical team, including psychologists and neurologists. Practicum students, interns, and postdoctoral fellows in clinical psychology, psychiatry and neurology.
4. **Nature of clinical services delivered:** Clinical interview; neuropsychological screening; comprehensive neuropsychological and psychological assessments; feedback to interdisciplinary team members, referral sources, patient, and caregivers; individual, couples and family psychotherapy and cognitive retraining; interprofessional consultation. Psychotherapy and cognitive retraining is also part of the training rotation.
5. **Intern's role:** Direct clinical service provider, consultant, interdisciplinary team member, liaison with other services. Administration, scoring, interpretation and report writing of neuropsychological screening and comprehensive neuropsychological and psychological assessment batteries, provide feedback to interdisciplinary team members, referral sources, patient and caregivers regarding outcome of evaluation, provide psychotherapy and cognitive retraining to patients and caregivers, work within an interdisciplinary team.
6. **Supervision:** A minimum of 1 hour of individual supervision per week and 1 hour of group supervision per week, with additional supervision individual and/or group supervision as needed. Supervisor will observe trainee during sessions with patients (live supervision) as well as review verbal and written reports and case presentations.
7. **Didactics:** Weekly interdisciplinary clinical team meetings, observation of neurological exams, neuropsychology and geropsychology seminar, cognitive retraining group supervision and didactics, pertinent psychiatry, neurology and neurosurgery Grand Rounds at Stanford.
8. **Pace:** Trainees will have 1-3 assessment patients per week and 1-2 psychotherapy or cognitive retraining patients per week. Progress notes are required for each patient contact within 24 hours.

Final assessment reports are expected to be completed within 2 weeks following completion of evaluation.

The VA Memory Clinic is an outpatient consultation clinic at the VAPAHCS which receives referrals from the General Medicine Clinic, Home Based Primary Care, Mental Health Clinic, GRECC, Neurology, Oncology, Hematology, and other specialty medicine clinics. The Memory Clinic focuses on assessment and differential diagnosis of complex cognitive and memory disorders. Common disorders include dementia, mild cognitive impairment, stroke syndromes, age-associated cognitive impairment, sequelae related to TBI, and Gulf War Illness. The clinic patient population primarily includes veterans from Vietnam War, Korean War and World War II eras who have cognitive complaints related to memory loss and other cognitive function changes. Clinicians make recommendations to providers and provide feedback to the patient and caregivers.

*Reviewed by:* Lisa Kinoshita, Ph.D.

*Date:* 7/29/15

### **Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)** **Supervisor: Harriet Katz Zeiner, Ph.D.**

**Patient population:** Medical patients, aged 18 to 65, with neurological impairments, sometimes with psychiatric co-morbidities, usually PTSD, or depression. Most patients are neurologically impaired: traumatic brain injury, tumor, anoxic injury, learning disabilities, or have suspected cognitive decline of unknown origin. Some are multiply diagnosed with medical and psychiatric problems. Diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse, and is living in the community. About 20% are women.

**Psychology's role:** We serve as diagnostic and treatment consultants to interdisciplinary staff throughout the medical center, and provide psychoeducation, cognitive retraining and individual psychotherapy (CRATER Therapy) to patients with neurological impairments and their families.

**Other professionals and trainees:** Neuropsychology practicum students, Psychology interns and Psychology postdoctoral fellows.

**Nature of clinical services delivered:** We evaluate patients' cognitive and mental status, strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficit or psychiatric disorder, and to make recommendations for management and treatment. Interns are expected to treat some of the patients, as well as their families in individual therapy with a focus on cognitive remediation, after the initial assessment. Cognitive deficits treated include difficulties with memory, attention, spatial abilities, speed of information processing, ability to multitask, impose order on the environment, or be socially appropriate. C.R.A.T.E.R. Therapy is taught for the treatment of patients with neurological impairment. Modified Prolonged exposure therapy is sometimes embedded in a CRATER Therapy framework for patients with co-morbid cognitive impairment and PTSD. In CRATER Therapy, most patients are seen by the same therapist who also treats their significant other.

**Intern's role:** Interns take primary responsibility for diagnostic evaluation of cases from referrals made to the clinic. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Reports are written for the referring clinician based on the test results, the history, and interview data with patients and sometimes, their family members. Feedback is given to patients and/or their families. Some patients are seen for cognitive retraining, individual and family psychotherapy, and/or and training in software and prosthetic electronic devices. Interns also have an opportunity to supervise practicum students. Interns are also expected to participate in the Fast Neuropsychological Response Consultation Service. This is a consultation service to the acute medical inpatient units. Interns have one on-call day every month where they can respond to

immediately to questions the inpatient teams have concerning a patient with a quick same-day service turn-around time.

**Amount and type of supervision:** Individual supervision is provided on a weekly basis, drop-in consultation is encouraged. Group supervision over cognitive retraining/psychotherapy is given for 1 hour per week. Interns are expected to give presentations twice during the rotation, at the didactic portion of group supervision.

**Didactics:** There is a 1.5 hour required didactic and group supervision held weekly in the clinic. Attendance at Grand Rounds in psychiatry, neurology and/or neurosurgery is encouraged. Arrangements can be made to observe brain cutting in the Neuropathology Laboratory. Attendance at the Neuropsychology/Geriatric/Rehabilitation Seminar weekly is required

**Pace:** Interns typically carry 4 cases at a time to evaluate, in various stages of the evaluation process (scheduling, testing, scoring, writing, feedback). Time to test a patient and do the write-up optimally would be 30-45 days, but more time may be required for complex cases. Preliminary feedback reports to the referral source are standard. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the Intern. Providing patients and referral sources with treatment recommendations is emphasized. Interns are expected to provide up to 4 hours per week of psychotherapy with neurologically impaired individuals or individuals and their family members. Cognitive retraining with PDA and specialized software is usually embedded in the psychotherapy. One on-call day/month for neuropsychological consult to acute medical units (medicine, neurology, neurosurgery, step-down units) is required as well.

The Neuropsychological Assessment and Intervention Clinic provides diagnostic psychological and neuropsychological testing and rehabilitation treatment services to the Palo Alto Division. Referrals are primarily from the General Medicine Clinics, primary care physicians, staff psychologists, psychology fellows, psychiatrists, medical and psychiatric residents and staff, and other health care professionals who all send referrals for evaluation of patients who present complex diagnostic problems.

A very diverse age range of patients from 18 to 65 with neurological or neurological and co-morbid psychiatric disorders are routinely assessed to evaluate their intellectual, memorial, mental status, personality, and neuropsychological functioning. Our clinical role is diagnosis, evaluation and treatment recommendations based on the patient's unique pattern of cognitive strengths and weaknesses, as well as individual and family psychotherapy and cognitive remediation (CRATER Therapy). The goal is to provide comprehensive behavioral and cognitive assessment services, treatment recommendations, and some treatment services to aid medical team personnel in planning an individualized program for each patient.

The number of cases seen depends on the Intern's schedule, experience, and case complexity. We emphasize quality over quantity of experience in skill building and professional service delivery. Basic assessment of intellectual functioning, memory functions, neuropsychological functioning and personality/mental status assessment, mastery of how to conduct individual and couples psychotherapy with patients with neurological impairment (CRATER Therapy), and training in cognitive remediation are the skill areas to be mastered. The tests used to achieve these goals will vary with the assets and limitations of the patient. Goals for training will be set individually for each Intern in consultation with the supervisor at the outset of the training period and are modified as is necessary.

We provide each Intern with exposure to a wider range of clinical experience than is available at a university clinic. Experiences with patients with: brain damage, physical impairment, co-morbid PTSD, depression, anxiety, psychosis or personality disorder are usually new to Interns who train on this unit.

Supervision is weekly and typically is individualized with the supervising neuropsychologist. There is also group supervision of five or six persons who share very similar interests and skills. There is a

significant didactic element in the clinic; Interns are expected to do a considerable amount of reading and some teaching/in-services. Opportunities to supervise practicum students and to be supervised on supervision techniques are available.

This rotation is appropriate for interns interested in specialties in neuropsychology, rehabilitation, medically-based populations (behavioral medicine), or geriatrics. The neuropsychology focus is on both assessment and neuropsychologically-informed treatment, the rehabilitation aspect is the focus on disability and functional improvement, and the geriatric focus is on diagnosis of Mild Cognitive Impairment or early diagnosis of Dementia (as patients are up to age 65) as well as interventions to allow patients to age-in-place.

Research opportunity is available on the outcome/efficacy measures of psychotherapy and cognitive remediation with patients with neurological impairment.

*Reviewed by:* Harriet Zeiner, Ph.D.  
*Date:* 6/29/15

### **Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (Building 7, PAD)**

**Supervisors:** Neda Raymond, Ph.D.  
Tiffanie Sim, Ph.D., ABPP-RP  
Elisabeth McKenna, Ph.D.

1. **Patient Population:** Active duty service members or veterans with a traumatic brain injury or polytrauma whose parents live in the western US. In addition to traumatic brain injury, diagnoses include cerebrovascular accidents (strokes); tumor resection; encephalopathy or any CNS neurological disorder; patients with motor disorders (Parkinson's, MS, ALS); patients with knee or hip replacements, deconditioning or fall risk or who have undergone amputation.
2. **Psychology's role:** Psychology's role is to be available as people are in the process of re-inventing themselves after a major physical and/or neurological trauma. Psychology also provides neuropsychological assessment for patients who have had a TBI or other neurological impairments or concerns. We treat patients individually and educate patients, families and staff about the best ways to deal with neurological and/or physical impairments. Psychology functions as an important member of the interdisciplinary team.
3. **Other professionals and trainees:** Psychiatrist (medical specialty of physical medicine and rehabilitation), occupational therapists, physical therapists, nurses, social workers, speech and language pathologists, vision-rehabilitation specialists, recreation therapists, military liaisons, as well as psychology fellows and other discipline-specific trainees.
4. **Nature of clinical services delivered:** Brief assessment; extended neuropsychological assessment with feedback to the interdisciplinary team as well as to the patient and patient's family; psychotherapy for the patient and his/her family, and education to patients, family, and staff regarding the effects of neurological impairment on behavior and emotions. Cognitive rehabilitation is often used in treating patients. Neuropsychological experience in this setting is typically longitudinal rather than cross-sectional. Patients are followed from the acute phase through the recovery of cognitive functioning until the patient is ready for discharge.
5. **Intern's role:** The intern serves as an apprentice, performing all roles of the staff clinical psychologist/neuropsychologist. The intern will be involved with neuropsychological assessment, individual and family psychotherapy, provision of psychoeducation, and will function as a resource for staff in all behavioral matters.

6. **Amount and type of supervision:** 1 hour per week individual supervision, 2 hours per week supervision in team sessions, on site availability during the day (supervisor is present on the ward or available via phone).
7. **Didactics:** 2 1/2 hours per week in neuropsychology seminar, assigned readings, and educational rounds.
8. **Pace:** Rapid in terms of responsiveness to consults and patients (each patient is seen for approximately 1 hour/day 2-5 days/week for several weeks and up to several months). Interns typically see 2-3 patients as a caseload. Total number of patients seen per rotation averages 8-12. Neuropsychological assessment; psychotherapy (3-5 times per week, per patient); psychoeducation to patients and families; determination of capacity for decision-making; determination of amount of supervision needed for patient at discharge; determination of whether patient is capable of returning to work/school; behavioral management planning and implementation; electronic charting including report writing and progress notes; and regular team consultation and education are all managed. Consults are responded to within 72 hours, team report within 1 week, and neuropsychological report by the time of discharge.

The VA Palo Alto Health Care System houses the Polytrauma System of Care, with Palo Alto being one of five comprehensive facilities in the country designed to provide intensive rehabilitative care to veterans and service members with polytrauma (i.e., those who have experienced severe injuries to more than one organ system, including the central nervous system). The four main programs under this Polytrauma System of Care umbrella at VA PAHCS are: (1) the Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC, housed in 7D, which provides acute and sub-acute in-patient care); (2) the Polytrauma Transitional Rehabilitation Program (PTRP); (3) the Polytrauma Network Site (PNS, which provides outpatient treatment); and (4) the OIF/OEF program (primarily providing case management and outreach).

The Palo Alto Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC) is an 18-bed Rehabilitation Medicine Service, CARF-accredited inpatient unit designated as a TBI Model Systems Center. This unit provides acute care to patients with polytrauma resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability. Some examples of polytrauma include traumatic brain injury (TBI), hearing loss, fractures, burns, amputations, and visual impairment. The PRC/CRC provides interdisciplinary evaluation and treatment to patients with cognitive, sensory and motor problems, and adjustment to potentially chronic disabilities. The objective of the PRC/CRC is to increase patients' functional independence and quality of life. The team consists of psychologists, neuropsychologists, physicians (physiatrists), nurses, speech and language pathologists, vision-rehabilitation specialists, occupational therapists, physical therapists, social workers, and case managers. A number of military liaisons also work within the interdisciplinary team, in order to facilitate treatment and discharge planning for active duty service members.

The psychologists on this service provide assessment and treatment services directly to patients, as well as consultation services to the treatment team. The direct service component includes: neuropsychological and psychodiagnostic testing, writing prognostic treatment plans, individual supportive psychotherapy, cognitive rehabilitation, behavior management, and family intervention. The consultation component includes: bi-weekly staff meetings, participating in family conferences, conducting educational rounds, and developing educational and research programs on the unit.

Psychology training focuses on patient care and consultation services. Emphasis is placed on neuropsychological and psychological evaluation and treatment of medically ill patients. Interns will participate in the full spectrum of psychological services offered on this unit, as described above. Interns conduct psychological evaluations and psychotherapeutic interventions for the patients in this program. As these patients often stay for some time, and may be seen by psychology daily, the intern has an



opportunity to compare the patient's everyday behavior with the results of their testing, and to observe functional change across time. The emphasis on longitudinal exposure to neuropsychologically involved patients is in direct contrast to the cross-sectional approach of consulting and liaison assessment rotations. Interns will have the opportunity to work on an interdisciplinary team and provide consultation to team members regarding treatment planning, behavioral management, and provide psychoeducation as appropriate. The staff psychologist provides 2 to 4 hours of supervision per week for a half-time rotation.

*Reviewed by:* Tiffanie Sim, Ph.D. & Neda Raymond, Ph.D.  
*Date:* 6/29/15 & 7/2/15

## **Polytrauma Transitional Rehabilitation Program (PTRP)**

**(Building MB2, PAD)**

**Supervisors: Carey Pawlowski, Ph.D., Rehabilitation Psychology emphasis  
TBD, Neuropsychological Assessment emphasis**

- 1. Patient Population:** Active duty service persons and Veterans with a recently acquired brain injury or Polytrauma (1 month to 1 year post injury). Medical and neurologic diagnosis include but are not limited to traumatic brain injury, cerebrovascular accidents (strokes), tumor resection, encephalopathy or any CNS neurological disorder, motor-neuron disorders (Parkinson's, MS, ALS), and amputation, often along with complex psychiatric history including PTSD, depression, anxiety, bipolar disorder Type I and II. Focus is on the neurocognitive rehabilitation and re-integration back to the community, return to work, school, and/or meaningful activity.
- 2. Psychology's role:**  
Rehabilitation Psychology's role is to be an integral member of the interdisciplinary team involved in diagnosis, treatment planning and implementation, behavioral management planning, providing psychoeducation to patients and families, consultation to other team members and teams, lead mental health rounds, and provide psychological care to patients who sustained a recent life-altering physical and/or neurological trauma.  
Neuropsychology's role is to serve as diagnostic consultants to interdisciplinary staff, describe patient's cognitive status, strengths and limitations, comment on short and long-term cognitive prognosis, develop and implement cognitive rehabilitation treatment plans, lead cognitive consensus, complete decision making capacity evaluations, and provide psychoeducation to patients and their families.
- 3. Other professionals and trainees:** Psychiatrist (medical specialty of physical medicine and rehabilitation), occupational therapists, physical therapists, nurses, social workers, speech and language pathologists, psychiatrist, recreation therapists, low-vision specialists, military liaisons, as well as psychology interns, fellows and other discipline-specific trainees.
- 4. Nature of clinical services:**  
Rehabilitation Psychology: Individual and group psychotherapy; behavioral management planning and implementation; psychoeducation to the interdisciplinary treatment team, patients, and their families on the effects of neurological impairment on behavior and emotions, as well strategies for behavioral management and emotional regulation; psychosocial adjustment and wellness group (and option for cognitive rehabilitation group); psychological assessment (rehabilitation psychology, behavioral medicine, and/or personality-based instruments as a supplement to clinical interview and behavioral observations in both clinical and community settings).  
Neuropsychology: Comprehensive neuropsychological and personality assessment with feedback to the interdisciplinary team as well as to the patient; decision making capacity evaluations; cognitive rehabilitation individual and group based interventions, and option for psychosocial adjustment and wellness group; leading cognitive consensus to develop individualized plan for taught-on-PTRP compensatory strategies based on patient's neuropsychological, speech pathology, and occupational



assessment profiles; education on brain-behavior relationships to patients, family, and staff of the effects of neurological impairment on behavior and emotions. Repeat neuropsychological assessments are administered at admission, mid-treatment, and at discharge.

5. **Intern's role:** Interns are full members of the interdisciplinary treatment team, working with all team members to help patients reach their rehabilitation goals. They serve as apprentices and take primary responsibility for performing all aforementioned roles of the staff rehabilitation psychologist and/or clinical neuropsychologist under supervision and within the context of a supportive training environment.
6. **Supervision:** 1 hour per week individual supervision, 2 hours per week supervision in team sessions; drop-in consultation is encouraged, supervisors are available on site during the day (on the unit or via phone).
7. **Didactics:** 2 ½ hours biweekly in neuropsychology seminar, assigned by supervisor readings, educational interdisciplinary, PM&R, and psychology rounds, Polytrauma grand rounds/seminars, PTRP in-service presentation at the end of the rotation.
8. **Pace:**

Rehabilitation Psychology: One rehabilitation psychology assessment every two weeks, with preliminary note within 24 hours following each visit and complete rehabilitation psychology report within 5 days; carry a caseload of three to four individual psychotherapy patients (including treatment planning and implementation, providing individual treatment 1 to 4 x weekly per patient, consultation with staff as needed, and keeping current with all electronic charting); lead psycho-social adjustment and wellness group; option of co-leading cognitive rehabilitation groups; attendance at morning rounds and interdisciplinary meetings (IDT weekly on Mondays), participation in family meetings (1-2 over the admission course), Total number of patients seen per rotation averages 16-20

Neuropsychology: One neuropsychological assessment weekly (typically 5-6 hour battery), with initial preliminary note within 24 hours following each visit and complete neuropsychological report within 5 days; co-lead cognitive rehabilitation groups (2x week for 3 months); lead psycho-social adjustment and wellness group (2x week for 3 months); decision making capacity evaluations on admission, mid-treatment, and at discharge; 1 case of individual psychotherapy with full admission intake, psychological assessment, treatment planning; attendance of interdisciplinary meetings (IDT on Monday afternoons weekly); participation in family meetings (1-2 over the admission course). Total number of patients seen per rotation averages 16-20

The VA Palo Alto Health Care System houses the Polytrauma System of Care, with Palo Alto being one of five comprehensive facilities in the country designed to provide intensive rehabilitative care to veterans and service members with polytrauma (i.e., those who have experienced severe injuries to more than one organ system, including the central nervous system). The four main programs under this Polytrauma System of Care umbrella at VA PAHCS are: (1) the Polytrauma Rehabilitation Center (PRC, housed in 7D, which provides acute and sub-acute in-patient care); (2) the Polytrauma Transitional Rehabilitation Program (PTRP); (3) the Polytrauma Network Site (PNS, which provides outpatient treatment); and (4) the OIF/OEF program (primarily providing case management and outreach).

The Polytrauma Transitional Rehabilitation Program (PTRP) is a transitional, milieu-based, residential program designed to transition patient with a brain injury from acute inpatient rehabilitation to living in the community or return to military duty. Typically, patients are moderately to severely impaired neurologically, although generally medically stable and able to participate in comprehensive and intensive rehabilitation toward re-developing home and community roles. Patients live on the unit (MB2) during the initial phase of the program and may transition to day treatment while

*"PTRP offers a unique opportunity to see Neuropsych profiles "come to life" as patients learn to adapt to their areas of difficulty in real world settings. The treatment team is warm and welcoming, and the supervision is both comprehensive and extremely supportive." ~Recent intern/fellow*

living in the community. Length of stay varies according to particular patient goals and progress, but a typical length of stay in the PTRP is three to six months.

Given the polytraumatic nature of the injuries in the PTRP, interns will have the opportunity to work with patients on issues related to brain injury/neurological impairment and co-occurring conditions such as PTSD, visual impairment, amputations, orthopedic injuries, etc. The PTRP operates in a truly interdisciplinary method. Collaboration is key, with various disciplines working together and mutually reinforcing specific patient goals (e.g., cognitive enhancement and compensation, physical health and wellness, life skill development, psychosocial adjustment, etc.). Cognitive rehabilitation retraining is woven throughout the program. The interdisciplinary treatment team works with each patient to meet his or her specific community re-entry goals as well as the criterion goals of the three program phases: (1) Foundation-building; (2) Skill-building; (3) Community application.

With all of the above in mind, the PTRP staff not only have an opportunity to get to know the patients (and often their families) quite well, we also have the opportunity to help them enhance their quality of

*“The large staff to patient ratio allows for in-depth clinical experiences with individual clients and the ability to see how polytrauma is addressed from an interdisciplinary format. The team functions together in a very professional and collegial manner.”  
~Recent intern*

life while resuming and adapting to various roles in their homes and in the community. The community-integration focus makes this setting a unique opportunity for clinicians to observe, guide, and provide feedback to patients while they are engaging in “real life” events (ranging anywhere from successfully maneuvering through all of the steps necessary to attend a baseball game in the community to developing a comprehensive life-goal plan such as attending college or obtaining employment.)

On the PTRP rotation, it is our sincere hope that the intern continues on his or her professional development pathway while enhancing versatile skills in assessment, counseling, consulting, and educating. As supervisors, our mutual aim is to provide plentiful support while promoting the intern’s increasing sense of responsibility and independence as such skills develop, thereby fostering a sense of professional identity and self-efficacy.

Reviewed by: Carey Pawlowski, Ph.D. & Maya Yutsis, Ph.D.  
Date: 7/27/15 & 7/2/15

## **Psychological Assessment Unit (Building 6, PAD)**

**Supervisor: James A. Moses Jr., Ph.D., ABPP-CN**

1. **Patient population:** Mixed neuropsychiatric and medical patients. Most patients are multiply-diagnosed with medical, psychiatric, and substance abuse problems. Neuropsychiatric diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse.
2. **Psychology's role:** We serve as diagnostic consultants to interdisciplinary staff throughout the medical center.
3. **Other professionals and trainees:** Practicum students and Psychology Interns.
4. **Nature of clinical services delivered:** We evaluate patients' cognitive and mental status strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficit or psychiatric disorder, and to make recommendations for management when appropriate.
5. **Intern's role:** Interns take primary responsibility for diagnostic evaluation of cases that they choose from referrals made to the unit. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Reports are written for the referring clinician based on the test results, the history, and interview data. Very occasionally an advanced intern with a well-defined question may choose to collaborate with Dr. Moses to formulate a psychometric research study that makes use of extensive archival psychometric data. Every attempt is made to integrate new developments in empirically based assessment with clinical practice. We evaluate our clinical procedures empirically on an ongoing basis. Research results are the basis of our clinical guidelines.
6. **Amount and type of supervision:** Individual supervision is provided on a weekly basis, drop-in consultation is encouraged.
7. **Didactics:** Attendance at Grand Rounds in psychiatry, neurology and/or neurosurgery is encouraged.
8. **Pace:** Interns typically take one case at a time to evaluate. Time to test a patient and do the write-up optimally would be 5-7 working days, but more time may be required for complex cases. Cases that require only actuarial assessment may be done in less time. Preliminary feedback notes to the referral source are encouraged. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the intern.

The Psychological Assessment Unit provides diagnostic psychological testing services to the Palo Alto Division by consultation. Staff psychologists, psychology interns, psychiatrists, medical and psychiatric residents and staff, and other health care professionals send referrals for evaluation of patients who present complex diagnostic problems.

A very diverse range of patients with neurological and/or psychiatric disorders are routinely assessed to evaluate their intellectual, memorial, mental status, personality, and neuropsychological functioning. Our clinical role is primarily differential diagnosis and evaluation of the patient's unique pattern of cognitive strengths and weaknesses. The goal is to provide comprehensive behavioral and cognitive assessment services, which can aid treatment team personnel to plan an individualized program for each patient we evaluate.

Interns who choose this training assignment may conduct assessments of cases from the Psychological Assessment Unit or from their own treatment caseload from other training sites. The number of cases seen depends on the intern's schedule, motivation, experience, and case complexity. We emphasize quality over quantity of experience in skill building and professional service delivery. Basic assessment of intellectual functioning, memorial functions, neuropsychological screening and personality/mental status assessment are the core skill areas to be mastered. The tests used to achieve these goals will vary

with the assets and limitations of the patient. Goals for training will be set individually for each intern in consultation with the supervisor at the outset of the training period and are modified as is necessary.

We provide each intern with exposure to a wider range of clinical experience than is available at a university clinic. Experiences with psychotic, brain damaged, geriatric, and physically impaired patients usually are new to interns who train on this unit. Training in assessment on the Psychological Assessment Unit always is provided on a part-time basis for pre-doctoral interns.

Individual supervision is provided weekly by the supervising neuropsychologist.

*Reviewed by:* James A. Moses, Ph.D.  
*Date:* 8/20/2013

**Spinal Cord Injury Service (Building 7, PAD)**

**Supervisors: Stephen Katz, Ph.D.  
John Wager, Ph.D**

See description in Psychological services for Medically-based Populations section.

## **Inpatient Psychiatry and Serious Mental Illness**

### **Introduction and Overview**

**Psychiatric Intensive Care Unit (520C)**  
**Intensive Treatment Unit (520D)**  
**Intensive Treatment Unit (520B)**

**Supervisors:**     **Stephen T. Black, Ph.D.**  
                         **Kimberly L. Brodsky, Ph.D.**  
                         **William O. Faustman, Ph.D.**  
                         **Joshua D. Zeier, Ph.D.**

### **1. Patient population**

Male and female veterans with serious mental illness in acute crisis

### **2. Psychology's role**

All psychologists on the inpatient units serve as attending care providers.

Integral members of the interprofessional treatment teams

Group therapies

Individual therapy

Assessment

Supervision and training of psychiatry residents and medical students in psychological interventions

### **3. Other professionals and trainees**

Psychiatrists

Psychiatric Residents (1st and 2nd year, may not be present on all units)

Medical Consultants

Pharmacist

Social Worker

Recreation Therapist

Nursing Staff (RNs, LVNs, and NAs)

Chaplain

Nursing students

Chaplain students (may not be present on all units)

Medical students (may not be present on all units)

Psychology practicum students (may not be present on all units)

### **4. Nature of clinical services delivered**

The units provide comprehensive inpatient assessment and treatment for psychiatric illnesses that place a person or the community at risk.

Concomitant medical problems are also addressed.

The approach to treatment on all units is biopsychosocial.

Each patient meets daily with the treatment team to evaluate progress, address problems, and to review the treatment plan.

Careful attention is paid to medications, psychosocial factors, interpersonal behavior on the unit, medical problems, and practical circumstances.

### **5. Intern's role**

Interns are full members of the interprofessional treatment teams

Interns participate actively to the extent they are clinically ready.

Interns work with patients and their families and contribute to the medical record, documenting assessments and interventions.

Interns are expected to integrate science and practice, being aware of current literature supporting their work.

Interns assist in the training and education of professionals from other disciplines

Interns provide group and individual interventions for veterans

#### **6. Amount/type of supervision**

Interns receive 1 hour of individual supervision each week (more as needed).

Interns receive 2 or more hours of group supervision weekly.

Interns participate in a weekly supervision on group psychotherapy.

Interns work collaboratively with the treatment teams in providing assessment and treatment of all patients and function as co-therapists, with the psychologist, for the daily psychotherapy groups.

Theoretical orientation varies with the individual supervisor, but a cognitive-behavioral, social-learning theory perspective is predominant.

#### **7. Didactics**

Interns are encouraged to participate in the inpatient psychiatry didactic series, occurring at noon three days a week, in psychiatry Morning Report, Journal Clubs led by Dr Brodsky and Dr Ostacher.

#### **8. Pace**

Acute inpatient programs are very busy units, operating at nearly full capacity at most times.

Inpatient work is inherently fast paced, with patients being admitted in acute crisis.

Workload is heavy and requires development of skills necessary to organize time efficiently

Caseloads have frequent turnover, requiring the interprofessional teams to work quickly and intensively with their patients.

**The Acute Inpatient Psychiatric Programs**, as is true in most areas of health care, have undergone significant programmatic change in recent years. These changes result from a philosophical shift in treatment focus within the Veterans Health Administration, from one of extended hospital-based, inpatient care, to one of community-based outpatient care. Within the VA, this has meant the closure of many inpatient units and a transfer of those resources to enhanced outpatient care designed to prevent the need for hospitalization. The VA Palo Alto has been one of the national leaders in this movement and the inpatient units now deliver acute, short-term treatment to the patient with a serious mental health crisis.

At the Palo Alto Division, we have two 20-bed programs housed in a brand new, purpose build inpatient psychiatry building. This new building offers state-of-the-art facilities for acute psychiatric care, including large atriums, exercise rooms, and significant access for patients to have both privacy and support in a recovery oriented environment. .

### **Training Opportunities**

Training in working with individuals with severe psychopathology is particularly important for those psychologists whose academic programs have not exposed them to the diagnosis, management, and treatment of acute psychiatric crisis in its many manifestations.

A number of training opportunities stem from the nature of inpatient units as total environments. An intern on an inpatient rotation will interact with patients with a wide range of psychopathologies, neuropathologies, and medical disorders. The intern has the opportunity to integrate psychological treatments with biological, medical, social, educational, and nursing interventions. The intern has an opportunity to observe the supervisor intervene with patients and staff and to discuss the rationale for interventions, as well as their success or failure. The intern also has the opportunity to develop multifaceted skills as psychologist, therapist, consultant, and leader.

Psychology interns are integral members of the treatment teams on all units. As team members, they participate in community meetings, group psychotherapy, daily progress reviews with individual patients, as well as daily rounds during which the team reviews every patient's progress. While an intern is accepted as a full member of the treatment team, the program also prides itself on providing a supportive training environment for the intern. Levels of responsibility are geared to the intern's readiness, with ample support from staff and with increasing responsibility and independence as skills develop.



An intern may be involved in a variety of activities such as individual, group, and family therapy, assessment, case management, or consultation. Interns typically carry several individual cases for which they provide case management, assessment, and individual psychotherapy. A strong emphasis is placed on diagnostic assessment, documentation of psychopathology, and development and provision of treatment that addresses the psychopathology and psychosocial issues. Therapy groups are diverse and span the range of level of functioning of the patients. Interns frequently serve as co-leaders of these groups.

The inpatient setting provides an experience in which the impact of treatment is readily observed. A lack of response or deterioration in a patient's condition is cause for re-evaluation of the diagnosis and treatment plan. Events are assessed for their impact on the ward as well as for their meaning for the individual patient.

**Goals of training for intern rotations in inpatient psychiatry include:**

1. Develop skills in performing comprehensive psychiatric evaluations, with emphasis on psychosocial issues and case formulation, as well as developing proficiency with DSM-5.
2. Develop familiarity with various types of major psychopathology.
3. Perform neuropsychological screening.
4. Develop crisis assessment and intervention skills, as with suicide risk.
5. Develop group therapy skills with groups having rapid turnover and shifting group dynamics.
6. Develop skill in brief psychotherapy with pragmatic outcomes.
7. Learn case management skills requiring an understanding of all aspects of treatment, including the biologic. Elicit patient cooperation and participation in treatment and discharge planning. Make timely decisions regarding treatment. Prepare comprehensive discharge summaries.
8. Gain familiarity with other VAPA HCS programs, so as to be able to make appropriate referrals and to coordinate treatment with other units.
9. Gain knowledge of legal procedures in which the psychologist is engaged (e.g., placing patients on holds, filing for conservatorships, and testifying in court).
10. Develop comfort working collaboratively with an interdisciplinary team, including developing theoretical and behavioral understanding of factors that facilitate and hinder effective teamwork.
11. Develop skills in providing informational and supportive family therapy.
12. Develop general knowledge of ethical and legal issues surrounding work with suicidal or assaultive patients and develop comfort in making decisions about involuntary commitments.
13. Develop basic familiarity with psychopharmacology.

*Reviewed by:* Stephen T. Black Ph.D.; Kimberly L. Brodsky, Ph.D.; William Faustman, Ph.D.

*Date:* 07/29/2015

**Psychiatric Intensive Care Unit (520C, PAD)**

**Supervisor: William O. Faustman, Ph.D.**

**Stephen T. Black, Ph.D**

- 1. Patient population:** Adult male veterans with diagnoses of severe mental illness.
- 2. Psychology's role:** The psychologist is an attending mental health care provider who supervises the evaluation and treatment of a veteran while inpatient, as well as coordinating the transition to outpatient care. The Psychologist coordinates and supervises both individual and group psychotherapy components of treatment, neuropsychological screenings, behavioral interventions, forensic evaluations and court testimony.
- 3. Other professionals and trainees:** Psychiatry, Social Work, Nursing, Pharmacy, Medical students.
- 4. Nature of clinical services delivered:** Acute inpatient stabilization of veterans with serious mental illness. Interventions include psychopharmacology, individual and group psychotherapy, behavioral interventions, and neuropsychological screening assessments.
- 5. Intern's role:** The intern attends daily interdisciplinary team treatment rounds, opportunity to lead/co-lead groups, follows three to four individual psychotherapy cases, and conducts neuropsychological evaluations as needed. The Intern participates in forensic evaluations of patients and can go to court with attendings to observe expert witness testimony. The Intern may pursue research if interested.
- 6. Amount/type of supervision:** Daily consultation and at least one hour weekly of face-to-face supervision to discuss all aspects of the training experience.
- 7. Didactics:** One lunch meeting per week with psychiatry residents, medical students, psychology interns, and practicum students. Patient interviews and state of the art lectures are provided on a wide range of inpatient psychology/psychiatry topics.
- 8. Pace:** Very fast pace; daily progress notes required with same day turn around time.

520C is a 20-bed acute care treatment program for male psychiatric patients. This is the unit on which the most severe psychiatric symptoms are managed. Treating veterans of all ages who are in psychological crisis, the unit offers individual and group psychotherapy as well as psychopharmacologic and behavioral interventions. With up to 50% of patients on involuntary commitment at any one time, there is an opportunity to deal with a variety of psycho-legal issues. The Psychiatric Intensive Care Unit is affiliated with Stanford University School of Medicine and is a training site for psychiatric residents and medical students as well as for psychology interns and practicum students.

An added benefit of this rotation is working on a highly effective interdisciplinary team. You will learn about mandatory reporting laws, involuntary commitment issues, forensic evaluation, and expert witness testimony.

This unit is very supportive of research activities, with recent projects on the prediction of violence in psychiatric populations and on the efficacy of new anti-mania medications. This unit would be supportive of interns who wish to carry out research projects during this rotation in the spirit of the scientist-practitioner model.

*Reviewed by:* Stephen T. Black, Ph.D.; W Faustman, Ph.D.

*Date:* 07/29/2015

**Intensive Treatment Unit (520D, PAD)**

**Supervisor:** Kimberly L. Brodsky, Ph.D.

- 1. Patient population:** Male veterans with serious mental illness, addiction issues, and PTSD in acute crisis.
- 2. Psychology's role:**
  - The psychologist serves as an attending care provider
  - Integral members of the interprofessional treatment teams
  - Group therapies
  - Individual therapy
  - Assessment
- 3. Other professionals and trainees:**
  - Psychiatrists (two)
  - Psychiatric Residents (1st and 2nd year)
  - Medical Consultants
  - Pharmacist
  - Social Worker
  - Recreation Therapist
  - Nursing Staff (RNs, LVNs, and NAs)
  - Medical students
  - Psychology practicum students
  - Nursing students
- 4. Nature of clinical services delivered:**
  - Comprehensive inpatient assessment and treatment for psychiatric illnesses that place a person or the community at risk.
  - Concomitant medical problems are also addressed.
  - The approach to treatment on all units is biopsychosocial.
  - Each patient meets daily with the treatment team to evaluate progress, address problems, and to review the treatment plan.
  - Careful attention is paid to medications, psychosocial factors, interpersonal behavior on the unit, medical problems, and practical circumstances.
- 5. Intern's role:**
  - Interns are full members of the interprofessional treatment teams.
  - Interns participate actively to the extent they are clinically ready.
  - Interns work with patients and their families and contribute to the medical record, documenting assessments and interventions.
  - Interns are expected to integrate science and practice, being aware of current literature supporting their work.
  - Interns assist in the training and education of professionals from other disciplines
  - Interns provide group and individual interventions for veterans
- 6. Amount/type of supervision:**
  - Interns receive 1 hour of individual supervision each week (more as needed).
  - Interns receive 2 or more hours of group supervision and the typical day includes several hours of meeting with patients with attending psychologists and psychiatrists present.
  - Interns work collaboratively with the treatment teams in providing assessment and treatment of all patients and function as co-therapists, with the psychologist, for the daily psychotherapy groups.
  - Interventions and theoretical orientation is focused on brief, evidence based interventions. Current groups are focused on ACT, DBT techniques for emotional regulation, mindfulness, and distress tolerance, Motivational Interviewing, sleep and relaxation, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction, and groups to manage PTSD and the sequelae of traumatic experience

Interns participate in a weekly supervision on group psychotherapy

**7. Didactics:**

Interns are encouraged to participate in the inpatient psychiatry didactic series, occurring at noon three days a week, in psychiatry Morning Report, Journal Clubs led by Dr Brodsky and Dr Ostacher

**8. Pace:**

Acute inpatient programs are very busy, operating at nearly full capacity

Inpatient work is inherently fast paced, with patients admitted in acute crisis.

Workload is heavy and requires development of skills necessary to organize time efficiently.

Caseloads have frequent turnover, requiring the interprofessional teams to work quickly and intensively with their patients.

520D is an acute treatment unit for male veterans, with a capacity for 20 patients; the number of veterans varies by need. Treating veterans of all ages who are in psychological crisis, the unit offers individual and group therapy as well as psychopharmacologic and behavioral intervention. The majority of patients are voluntary and there is a unit emphasis on addiction and PTSD. The Intensive Treatment Unit is affiliated with the Stanford University School of Medicine and is a training site for psychiatric residents and medical students as well as for psychology interns. The overall level of acuity and severity of symptoms is generally less than on the other locked units.

*Reviewed by:* Kimberly L. Brodsky, Ph.D.; Stephen T. Black, Ph.D.

*Date:* 07/29/2015

**Intensive Treatment Unit (520B, PAD) – Female and Geriatric Veterans emphasis**

**Supervisor: Joshua D. Zeier, Ph.D.**

**1. Patient population:** Veterans with serious mental illness, with an emphasis on female veterans and geriatric veterans. Presenting disorders range from bipolar disorder and schizophrenia, to severe depression, to PTSD, to drug and alcohol addiction.

**2. Psychology's role:**

The psychologist serves as an attending care provider

Integral members of the interprofessional treatment teams

Group therapies

Individual therapy

Facilitate family meetings when indicated

Assessment

Collaborate with regards to discharge/disposition and coordination of ongoing treatment

**3. Other professionals and trainees:**

Psychiatrist

Pharmacist

Social Worker

Recreation Therapist

Nursing Staff (RNs, LVNs, and NAs)

Medical students

Psychology practicum students

Nursing students

Geropsychiatry Fellows

**4. Nature of clinical services delivered:**

Comprehensive inpatient assessment and treatment for psychiatric illnesses that place a person or the community at risk.

Brief cognitive assessment as needed

Concomitant medical problems are also addressed.

The approach to treatment on all units is biopsychosocial.

Family meetings and/or meetings with outpatient treatment providers facilitated as indicated.

Each patient meets daily with the treatment team to evaluate progress, address problems, and to review the treatment and discharge plan.

Careful attention is paid to medications, psychosocial factors, interpersonal behavior on the unit, medical problems, and practical circumstances.

**5. Intern's role:**

Interns are full members of the interprofessional treatment teams.

Interns participate actively to the extent they are clinically ready.

Interns work with patients and their families and contribute to the medical record, documenting assessments and interventions.

Interns are expected to integrate science and practice, being aware of current literature supporting their work.

Interns assist in the training and education of professionals from other disciplines

Interns provide group and individual interventions for veterans

Interns may help with the facilitation of community meetings

Interns may have opportunities to conduct brief neuropsychological assessment if desired

**6. Amount/type of supervision:**

Interns receive 1 hour of individual supervision each week (more as needed).

Interns receive 2 or more hours of group supervision and the typical day includes several hours of meeting with patients with attending psychologists and psychiatrists present.

Interns work collaboratively with the treatment teams in providing assessment and treatment of all patients and function as co-therapists, with the psychologist, for the daily psychotherapy groups.

Interventions and theoretical orientation is focused on brief, evidence based interventions. Current groups are focused on ACT, DBT techniques for emotional regulation, mindfulness, and distress tolerance, Motivational Interviewing, sleep and relaxation, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction and groups to manage PTSD and the sequelae of traumatic experience

Interns participate in a weekly supervision on group psychotherapy

**7. Didactics:**

Interns are encouraged to participate in the inpatient psychiatry seminar series (noon on Tuesdays).

**8. Pace:**

Acute inpatient programs are very busy, operating at nearly full capacity

Inpatient work is inherently fast paced, with patients admitted in acute crisis.

Workload is heavy and requires development of skills necessary to organize time efficiently.

Caseloads have frequent turnover, requiring the interprofessional teams to work quickly and intensively with their patients.

520B is an acute treatment unit for male and female veterans, with a capacity for 20 patients; the number of veterans varies by need. Treating veterans of all ages who are in psychological crisis, the unit offers individual and group therapy as well as psychopharmacologic and behavioral intervention. This is the only inpatient psychiatric unit that treats female veterans; interest in and sensitivity to the unique issues and cultural factors experienced by women in general (and women in the military in particular) is critical. Further, this unit has an emphasis on geriatrics that would make this rotation a good fit for those with an interest in co-occurring mental health and age-related cognitive issues. Opportunities for some assessment are available based on the interests of the intern.

*Reviewed by:* Joshua D. Zeier, Ph.D.

*Date:* 7/27/15



## **Specialty Mental Health Residential Treatment Programs**

### **Foundation of Recovery (FOR) Residential Rehabilitation Program, Addiction Treatment Services (Building 520, PAD)**

**Supervisor: Pearl McGee-Vincent, Psy.D.**

**1. Residents:**

- Men and women with moderate to severe substance use disorders (SUDs) and co-occurring mental health and medical conditions. The majority of veterans who present for treatment at FOR are male, ranging in age from 22-70 with the average age of 49, and many have social and occupational impairment (e.g., homelessness). The most common psychiatric co-morbidity is PTSD, diagnosed in approximately 43% of the patients seen in 2013.

**2. Services:**

- Milieu treatment including community meetings following a modified therapeutic community model
- Psycho-educational skills-building classes including Cognitive Behavioral Coping Skills, Mindfulness Based Relapse Prevention, Community Reinforcement Approach, Seeking Safety, Stress Reduction, Communication, 12-step Facilitation, Motivational Enhancement, and Problem Solving
- Individual assessment, crisis intervention, short-term therapy, and psychological testing
- Family and couples therapy
- Medication management and medical treatment and intervention
- Recreational and leisure activities

**3. Staff and trainees:**

- Psychologist
- Psychiatrist
- General Medical Physician
- Three addiction therapists
- Nurse (RN)
- Nurses (LVN)
- Social worker
- Trainees include psychology practicum students/interns, social work interns, and medical interns and psychiatry residents

**4. Psychology's role:**

- Actively engaged in program development (based on empirically supported methods)
- Conducts assessments to include intake assessment and formal psychological testing as needed, and short term psychotherapy with patients
- Participates in individualized treatment planning
- Co-leads process and psycho-educational groups
- Consults with the treatment team to address ongoing patient and community issues
- Serves a primary supervisory role with psychology interns and fellows
- Serves as secondary supervisor to trainees of other disciplines

**5. Intern's role:** The intern functions as a regular clinical staff member:

- Conducts admission interviews
- Plans individualized treatment
- Implements therapeutic community principles
- Co-leads community meetings, process/support groups, and psycho-educational groups (e.g., Mindfulness Based Relapse Prevention, Community Reinforcement Approach, Cognitive Behavior Therapy for Insomnia, Seeking Safety).
- Manages the care of a resident to include case management and discharge planning

- Documents clinical activities including admission interviews, progress notes, and integrated clinical summaries
- Additional optional activities depend on interests of the intern (e.g., designing assessments, designing psycho-educational interventions, conducting clinical research, program development)

**6. Supervision:**

- Individual supervision
- Group supervision
- Face-to-face discussion including informal discussions during the day
- Co-leading groups
- Review of progress/admission notes

**7. Didactics:**

- Principles of therapeutic community and groups (process/psycho-educational)
- 16-hour class on SUD
- Participation in FOR education and training presentations and in training opportunities available through the VA Department of Psychology.
- Attend weekly Mental Health CME lunches through VA Department of Psychiatry.
- Past FOR trainings have included: Boundaries, PTSD, DSM-V, Military Culture, OEF-OIF Veterans, “Does NA/AA Work?”, Personality Disorders and Substance Use, Gender and Substance Use, Motivational interviewing

**8. Pace:** Typical intern workday:

- Attend staff meetings (twice daily)
- Attend community meeting (daily)
- Co-lead psycho-educational group (twice weekly)
- Co-lead process group (one time weekly)
- Case manages one or two residents, (one-two hours total per week.)
- Conduct an admission interview (weekly)
- Write electronic notes (admission, progress, integrated clinical summary)

Substance use disorders (SUDS) are the most prevalent of all psychiatric disorders. Most Foundation of Recovery (FOR) residents use multiple substances, with alcohol, nicotine, cannabis, cocaine, amphetamine, and heroin being the most common.

Addiction Treatment Services (ATS) include a Screening Team, an Outpatient Clinic, a 30-day Residential Rehabilitation program (Foundation of Recovery), and a 90-day Residential Rehabilitation program (First Step, which is shared with the Domiciliary Service below). The Foundations of Recovery program provides ongoing assessment, recovery planning, psycho-education, and support within a social setting that values personal responsibility, problem-solving, coping skills development and practice, personal relationships, and leisure to veterans new to recovery. An ongoing weekly aftercare group is also offered.

For orientation, FOR trainees may observe experienced staff in various programs (e.g., outpatient clinic, 90-day inpatient, 6- month residential therapeutic community, and day treatment for patients with co-occurring disorders

By the end of the rotation an intern can expect to be familiar with the full continuum of empirically-supported treatment and rehabilitation services for veterans with SUDs of varying severities and co-morbidities. Interns will become skilled in assessment, short term psychotherapy, and facilitating large and small groups (both process and psycho-educational) Interns will also gain the invaluable experience of working in a residential treatment setting, develop an understanding of the design and operation of a milieu, and learn how to work effectively as a member of a multidisciplinary treatment team. Lastly, they will gain insight into how to manage transference and countertransference often experienced when

working with challenging patients such as those who carry a diagnosis of a personality disorder, impulse control disorder, or have had multiple relapses due to the chronicity of their SUD and co-occurring mental health condition.

*Reviewed by:* Jennifer Banta, Ph.D.  
*Date:* 7/18/14

### **Domiciliary Service (Building 347, Menlo Park Division)**

- A. First Step Program – A 90-day residential substance abuse treatment program**
- B. Homeless Veterans Rehabilitation Program - 180 day residential National Program of Clinical Excellence**

### **First Step Residential Rehabilitation Program, Domiciliary Service (347-A, MPD)**

**Supervisors: Timothy Ramsey, Ph.D.**  
**Madhur Kulkarni, Ph.D.**

- 1. Residents:** The population includes men and women with substance use disorders (SUDs) ranging from veterans in their mid-twenties to late 60's. Most of the residents are middle-aged men, usually with chronic and severe SUDs, often complicated by histories of social and occupational impairment along with concurrent moderate, though stable, psychiatric and/or medical disorders.
- 2. Services:** Milieu treatment including community meetings, case management, psychoeducational skills-building classes (e.g., relapse prevention, 12-Step facilitation, emotion regulation/coping, relationship/communication, cognitive-behavioral skills), recreational and leisure activities, and a weekly aftercare outpatient group. There is opportunity to provide individual psychotherapy with a small number of veterans.
- 3. Staff and trainees:** Three Psychologists, four addiction therapists, four health technicians, nurse, nurse practitioner, an LVN, a social worker, and two half-time psychiatrists. Trainees have included psychology, recreation therapy, and social work interns, psychology practicum students, chaplain and nursing students.
- 4. Psychology's role:** Psychologists manage the program, and, along with the other staff, design the community groups and interventions based on empirically supported methods), assess and provide therapy for patients, participate in individualized treatment planning, co-lead psychoeducational groups/classes, and provide consultation and training for staff.
- 5. Intern's role:** The intern functions as a regular clinical staff member:
  - Interns serve as mental health consultants to the para-professional substance abuse treatment staff. Interns meet with the veterans on their case load and triage veterans for individual therapy, specialty groups, and/or specific assignments to be completed as part of their treatment plans.
  - Provide individual psychotherapy to some of the veterans on your caseload (5-6).
  - Co-lead community meetings and psychoeducational groups/classes (e.g., relapse prevention, 12-Step facilitation, emotion regulation/coping, relationship/communication, cognitive-behavioral skills). Document clinical activities including treatment plans, individual therapy and group/class progress notes, provider admission/intakes, and discharge summaries.
  - Additional optional activities depend on interests of the intern (e.g., completing assessments, designing psychoeducational interventions, conducting clinical research, providing brief treatment on an individual basis, facilitating or co-facilitating specialty groups to address specific

clinical issues often associated with substance dependence -such as PTSD symptoms, emotion regulation problems, nightmares, etc. )

6. **Supervision:** One hour of weekly individual supervision and one hour of group supervision; daily staff meetings, co-leading groups, reviewing notes, and frequent informal contacts.
7. **Didactics:** Principles of therapeutic community and groups (interactional and psycho educational), and, in January, a 16-hour class on SUD.
8. **Pace:** Typical intern workday:
  - Attend staff meetings (twice daily)
  - Co-lead community meeting (weekly)
  - Co-lead psychoeducational group (once or twice weekly)
  - Provide individual psychotherapy to small caseload (5-6 hours per week).
  - Write electronic notes (treatment plans, progress, provider admission/intakes, and discharge summaries)

Substance use disorders (SUDS) are the most prevalent of all psychiatric disorders. Most First Step residents use multiple substances, with alcohol, nicotine, cannabis, amphetamine, cocaine, and heroin being the most common.

First Step is a 90-day Residential Rehabilitation, therapeutic community that provides ongoing assessment, recovery planning, psychoeducation, and support within a social setting that values personal responsibility, problem-solving, practice, personal relationships, and play. An ongoing weekly aftercare group is also offered.

For orientation, First Step trainees observe experienced staff in various programs (e.g., outpatient clinic, 30-day inpatient, 6- month residential therapeutic community, intensive outpatient, day treatment program for dual-disordered patients).

By the end of the rotation an intern can expect to be familiar with the full continuum of empirically-supported treatment and rehabilitation services for patients with SUDs of varying severities and co-morbidities, become skilled in assessments, counseling, and facilitating large groups , design and operation of a milieu, and develop an effective methods of managing personal reactions that may arise when working with complex and challenging patients.

*Reviewed by:* Madhur Kulkarni, Ph.D.  
*Date:* 7/13/2015

**Homeless Veterans Rehabilitation Program, Domiciliary Service (347-B, MPD)**

**Supervisory/Psychology Staff:**

**Susan Anderson, Ph.D.**

**Rachael Guerra, Ph.D., Assistant Chief**

**Michelle Skinner, Ph.D.**

**1. Patient population:**

Male and female veterans who have been homeless for periods ranging from less than one month to over 10 years.

Nearly 100% have a history of substance use disorder, and 50% carry at least one other psychiatric diagnosis (e.g., 30% mood disorder, 15% PTSD or anxiety disorder, 3% psychotic or psychotic spectrum disorder).

**2. Psychology's role:**

Direct clinical service: Participation in all milieu activities, including facilitation of community meetings, group therapy, psychoeducational classes; 1:1 assessment and therapeutic support; treatment planning and consultation with residents

Administration: Psychologists fill the positions of Assistant Chief of Domiciliary Service and Coordinator of Clinical Services.

Research: A psychologist has been the principal investigator on every study conducted at HVRP. There is a 50% psychologist dedicated to program evaluation.

**3. Other professionals and trainees:**

5 Social Workers (Domiciliary Chief, Program Manager, and 2 staff Social Workers and 1 contract Social Worker)

4 Registered Nurses, 6.5 LVNs

2 Addiction Specialists

1 Recreation Therapist

1 Consulting Psychiatrist 13 Paraprofessional Health or Rehabilitation Technicians (functioning as peers with the professional staff)

Pre- and post- doctoral psychology, social work, recreation therapy, and chaplain interns, nursing students

**4. Clinical services delivered:**

Empirically supported cognitive-behavioral techniques in an integrated therapeutic community approach

Services delivered in various settings, including milieu meetings, group therapy, skills training classes (e.g., relapse prevention, cognitive restructuring, communication, Skills Training in Affective and Interpersonal Regulation), and individual assessments and interventions

**5. Intern's role:**

Individualized training programs negotiated with supervisors

Programs may be designed to include observation of and participation in many program components:

Residential treatment: Facilitating groups and skills training classes, participating in milieu meetings, conducting motivational interviews, individual assessments and interventions

Clinical research: Participating in ongoing research projects and/or new studies concerning the treatment of homelessness, personality disorders, and substance abuse, with attention to the integration of research and outcome data in the clinical treatment of the homeless

Outreach and screening: Informing homeless veterans and service professionals about available services; assessing applicants using a biopsychosocial model.

Aftercare: Facilitating support groups, assisting in developing support systems and managing life problems, vocational counseling

Additional training opportunities include: Attending Veteran's court. Working with HUD-VASH staff. Receiving training in Moral Reconciliation Therapy (MRT), Cognitive Processing Therapy (CPT), and STAIR

**6. Amount/type of supervision:**

Weekly supervision provided by primary supervisor, with additional group supervision with other trainees and staff, including but not limited to daily staff meetings

Orientations include cognitive-behavioral, psychodynamic, and interpersonal, with consultation available from any of the psychologists on staff

**7. Didactics:**

Participation in Domiciliary Service monthly Brown Bag education and training presentations.  
Participation in journal club

Past presentations include Unique Needs of Newly Returning Homeless Veterans, Utilization of Cognitive Behavioral Techniques, Motivational Interviewing, Dialectical Behavior Therapy (DBT), and Group Psychotherapy.

**8. Pace:**

Timely documentation is expected following clinical contact with residents in the program.

Interns expected to complete clinical assessments at the time of admission, treatment plans, group and individual progress notes, and discharge plans.

The treatment program is characterized by the concept of “personal responsibility” (i.e., “I create what happens to me”) and attention to individual autonomy and strengths, as well as faith in the individual’s capacity for learning new behavior. The program ethic is expressed as “The Five P’s”: Personal Responsibility, Problem Solving, Practice, People (Affiliation), and Play. A unique aspect of the treatment program is its emphasis on play, which is viewed as a competing reinforcer to drugs and alcohol and as a means to lifestyle change. Residents participate in activities such as rock climbing, rowing, sailing, fishing, sports teams (e.g., city-league softball and basketball); holiday, birthday, and graduation parties; and program dances. Within the treatment program, individual interventions reinforce and supplement group work. Residents move through three phases of treatment during the typical 6-month inpatient stay. To advance from phase to phase, residents must demonstrate increased proficiency in skills and ongoing practice of those skills in an expanding range of settings. In addition, residents are expected to demonstrate leadership, a willingness to consider feedback from staff and peers, and the application of the personal responsibility concept to their lives. Graduation from the program occurs with an additional 13 weeks of aftercare treatment and allows the veteran to become a part of the Alumni Association.

The overall goal of the internship rotation at HVRP is to provide trainees with a variety of experiences in an applied setting, using a scientist-practitioner framework, and stressing the importance of building an effective, comfortable, professional identity. Trainees are encouraged to participate in the full array of treatment approaches, ranging from the traditional (e.g., group therapy) to the nontraditional (e.g., participation on sports teams or in other program activities). In addition to acquiring and refining clinical skills, objectives for interns include the following: developing competency as a member of an interdisciplinary team; acquiring a sense of professional responsibility, accountability, and ethics; becoming aware of how one’s experience and interpersonal style influence various domains of professional functioning; and developing abilities necessary for continuing professional development beyond the internship year (e.g., ability to assess one’s own strengths and limitations, and seek supervision/consultation as needed).

*Reviewed by:* Sarah Metz, Psy.D.

*Date:* 07/22/2015



**Men's Trauma Recovery Program (Buildings 351 and 352, MPD)**

**Supervisors:** Robert Jenkins, Ph.D.  
Jaclyn Kraemer, Ph.D.  
Dorene Loew, Ph.D.  
Andrea Perry, Ph.D.  
Hana Shin, Ph.D.

1. **Patient population:** Our program treats men with PTSD who have experienced a wide range of military-related traumatic experiences, including but not limited to war zone and combat-related trauma and military sexual trauma (MST). In addition to Vietnam-era veterans, we see veterans and active-duty military personnel from other conflicts, predominantly those who served in Iraq and/or Afghanistan.
2. **Psychology's role in the setting:** Member of interdisciplinary treatment team, providing a wide range of clinical services including Cognitive Processing Therapy and other evidence-based treatments.
3. **Other professionals and trainees in the setting:** Psychiatrists, Nurses, Social Workers, Readjustment Counselor, Recreational Therapists, Chaplain, and military liaisons.
4. **Nature of clinical services delivered:** This rotation emphasizes evidence-based treatments such as Cognitive Processing Therapy, Acceptance and Commitment Therapy, Motivation Enhancement/Problem Area Review Group, and components of Dialectical Behavior Therapy. Residential treatment occurs within a therapeutic community model via cognitive-behavioral group therapies, psychoeducational classes, treatment coordination, and medical/medication management.
5. **Distinctions between Men's and Women's Trauma Recovery Programs:** Conceptually, the Men's and Women's programs are very similar; they share the same clinical mission to address military-related PTSD using cognitive-behavioral and process-oriented groups in the context of a residential milieu. However, the Women's Trauma Recovery Program currently treats a greater proportion of residents with Military Sexual Trauma and, conversely, the Men's Program treats a greater number of residents with combat-related trauma. Additionally, the women's program carries a smaller daily census and places a greater emphasis on gender-specific service delivery.
6. **Intern's role in the setting:** Each intern will function as an important member of the interdisciplinary team and will assist with admissions, case conceptualizations, treatment planning, treatment coordination, discharges, and the provision of clinical services. It is expected that interns will co-facilitate at least one Cognitive Processing Therapy Group and facilitate or co-facilitate one or more additional group(s) of their choice. The intern's role in group therapy will be commensurate with his/her comfort level and experience.
7. **Amount/type of supervision:** At least one hour per week of individual supervision, and many opportunities for in-vivo supervision within the therapeutic community. Interns often comment that a unique aspect of this rotation is the opportunity to participate in co-therapy with their supervisors and observe various members of the interdisciplinary team conducting a variety of interventions.
8. **Didactics in the setting:** Regular in-service trainings on related topics by clinical staff and invited experts.
9. **Pace:** Interns/post docs will be expected to write brief group and treatment coordination process notes within 24 hours of providing these services. Interns/post docs will assist with the completion of admissions, master treatment plans and updates, treatment team review notes, and discharge summaries.

This rotation is an ideal training site for trainees interested in developing and expanding their general clinical skills as well as developing/refining their expertise in PTSD and other stress-related disorders. The Men's Trauma Recovery Program (MTRP) is affiliated with the National Center for Post-Traumatic Stress Disorder and is the first and longest-standing residential treatment program for men with PTSD. Many of our residents have experienced multiple traumatic events and have comorbid psychiatric

diagnoses. The clinical complexity of our population and the program intensity ensure that trainees acquire solid skills in working with PTSD, in particular group therapy skills, as well as the ability to function effectively on an interdisciplinary treatment team.

The program is structured as a therapeutic community where residents are taught basic coping, interpersonal, problem solving, and affect management skills in group settings. They are provided psychoeducation regarding the various effects of PTSD and have the option to participate in Cognitive Processing Therapy where they learn to challenge beliefs associated with traumatic memories while managing the thoughts, feelings, and physiological symptoms this evokes. The program has established a reputation for innovation, wherein cutting edge therapies are thoughtfully applied and assessed. Trainees at the MTRP have the opportunity to:

- Learn to function as part of an experienced, interdisciplinary team in the treatment of complex PTSD.
- Learn to conceptualize the effects of trauma from a variety of theoretical perspectives, including cognitive-behavioral and systemic approaches.
- Become adept at working with men who present with characteristics of personality disorders.
- Become familiar with leading therapeutic technologies in the treatment of trauma, including Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Cognitive Processing Therapy (CPT).
- Become familiar with military culture and its impact on the process of clinical service provision.
- Develop group therapy skills, as well as milieu interventions.
- Develop PTSD assessment and report writing skills.
- Develop a greater understanding of treatment of co-occurring disorders (e.g., substance use disorders, depression, anxiety disorders, personality disorders, psychosis, and medical conditions).

*Reviewed by:* Jaclyn Kraemer, Ph.D.  
*Date:* 7/2/2015

## **Women's Trauma Recovery Program (Building 350, MPD)**

**Supervisors:** Jennifer Alvarez, Ph.D.  
Jean Cooney, Ph.D.  
Hana Shin, Ph.D.

- 1. Patient population:** Our program primarily treats women with PTSD who have experienced military sexual trauma (MST). Increasingly, we are seeing women who served in Iraq and/or Afghanistan and experienced combat-related trauma or both combat trauma and MST.
- 2. Psychology's role in the setting:** Program attending, member of interdisciplinary treatment team, providing a wide range of clinical services including Cognitive Processing Therapy and other evidence-based treatments.
- 3. Other professionals and trainees in the setting:** Psychiatrists, Nurses, Social Workers, Readjustment Counselor, Recreational Therapists, Chaplain, and military liaisons.
- 4. Nature of clinical services delivered:** This rotation emphasizes evidence-based treatments such as Cognitive Processing Therapy, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, STAIR, and Seeking Safety. Residential treatment occurs within a therapeutic community model via group therapies, psychoeducational classes, treatment coordination and medical/medication management..
- 5. Intern's role in the setting:** Each intern will function as an important member of the interdisciplinary team and will assist with admissions, case conceptualizations, treatment planning, treatment coordination, discharges, and the provision of clinical services. It is expected that interns will co-facilitate at least one Cognitive Processing Therapy Group and facilitate or co-facilitate one or more additional group(s) of their choice. The intern's role in group therapy will be commensurate with his/her comfort level and experience.
- 6. Amount/type of supervision:** At least one hour per week of individual supervision, and many opportunities for in-vivo supervision within the therapeutic community. Interns often comment that a unique aspect of this rotation is the opportunity to participate in co-therapy with their supervisors and observe various members of the interdisciplinary team conducting a variety of interventions.
- 7. Didactics in the setting:** Regular in-service trainings on related topics by clinical staff and invited experts.
- 8. Pace:** Interns/post docs will be expected to write brief group and treatment coordination process notes within 24 hours of providing these services. Interns/post docs will assist with the completion of master treatment plans and updates, treatment team review notes, and discharge summaries.

This rotation is an ideal training site for trainees interested in developing and expanding their general clinical skills as well as developing/refining their expertise in PTSD and other stress-related disorders. As part of the VA Palo Alto Health Care System [Women's Mental Health Center](#), the Women's Trauma Recovery Program (WTRP) is the first and longest-standing residential treatment program for women with PTSD. Many of our residents have experienced multiple traumatic events over their lifespan, including both military and childhood sexual trauma. The clinical complexity of our population and the program intensity ensures that trainees acquire solid skills in working with PTSD, in particular group therapy skills, as well as their ability to function effectively on an interdisciplinary treatment team.

The program is structured as a therapeutic community where residents are taught basic coping, interpersonal, problem solving, and emotion regulation skills in group settings. They are provided psychoeducation regarding the various effects of PTSD and have the option to participate in Cognitive Processing Therapy where they learn to challenge beliefs associated with traumatic memories while managing the thoughts, feelings, and physiological symptoms this evokes. The program has established a reputation for innovation, a program in which cutting edge therapies are thoughtfully applied and assessed. Trainees at the WTRP have the opportunity to:

- Learn to function as part of an experienced, interdisciplinary team in the treatment of complex PTSD.
- Learn to conceptualize the effects of trauma from a variety of theoretical perspectives, including cognitive-behavioral, dialectical behavioral and systemic approaches.
- Become adept at working with women who present with Personality Disorders or traits.
- Become familiar with leading therapeutic technologies in the treatment of trauma, including Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Cognitive Processing Therapy (CPT).
- Become familiar with military culture and its impact on the process of clinical service provision.
- Develop knowledge of Military Sexual Trauma, its sequelae and treatment.
- Develop group therapy skills, as well as milieu interventions.
- Develop PTSD assessment and report writing skills.
- Develop a greater understanding of treatment of co-occurring disorders (e.g., substance use disorders, depression, anxiety disorders, personality disorders, psychosis and medical conditions).

*Reviewed by:* Jennifer Alvarez, PhD  
*Date:* 7/23/15

## **Outpatient Mental Health Treatment Programs**

### **Primary Clinical Rotations:**

#### **Addiction Consultation & Treatment (ACT), Addiction Treatment Services (520, PAD)**

**Supervisor: Sean Boileau, Ph.D.**

#### **1. Patient population:**

- Male and female veterans seeking assessment and treatment for substance use disorders
- Over 50% have other co-morbid Axis I diagnosis, about 25% have Axis II diagnosis or traits; over 50% are homeless

#### **2. Psychology's role:**

- Direct clinical service: Involved in assessment of patient and treatment planning, provide group and individual therapy, case manage patients waiting for residential treatment
- Administration: Psychologists fill the positions of Director of Addiction Treatment Services (ATS) and Clinical Coordinator of Addiction Consultation and Treatment (ACT). They provide supervision for 2-3 psychology practicum students. They provide speciality training in substance use disorder treatment. They engage in program development and evaluation. They lead team and case review meetings. They also monitor hospitals' progress on VA Mental Health Performance Measures.
- Research: Researchers from the Center for Innovation to Implementation (Ci2i) recruit from ACT's patient population for their studies.

#### **3. Other professionals and trainees:**

3 Social Workers (1 Senior Social Worker and Admission coordinator), 2 Registered Nurses, 2 paraprofessional Addiction Therapists, 1 Psychiatrist (ACT & ATS Medical Director), 1 Recreation Therapist, 1 Health Science Specialist, 1 administrative program specialist, 1 medical clerk, social work interns, psychology practicum students, and nursing students

#### **4. Clinical services delivered:**

- Group and individual outpatient treatment for veterans who have substance use disorders (including treatment for dual diagnosis and chronic pain)
- Offering process oriented group therapy and evidence-based interventions including Relapse Prevention, 12-step Facilitation, Motivational Interviewing, Mindfulness-Based Relapse Prevention, and Seeking Safety
- Consultation and referral to ATS residential treatment programs including crisis management, referral to community resources, and assessment of acute intoxication and/or withdrawal potential, readiness to change, and relapse/continued use or continued problem potential
- Case management for veterans preparing for residential treatment
- Aftercare for veterans who have completed a residential or outpatient addiction treatment program

#### **5. Intern's role:**

Programs may be designed to include participation in many program components including both clinical and research/administrative activities:

- Clinical Activities
  - Outpatient treatment: Facilitating groups, conducting individual screening/assessments, interventions and case management, consultation to other services in the hospital (inpatient psychiatry, medical units, OIF/OEF Programs, etc.)
  - Aftercare: Facilitating support/process groups
- Research/ Program Evaluation Activities
  - Participate in tracking patient demographics, characteristics and outcomes

- Tracking process variables such as admission wait time, possible barriers to accessing treatment, aftercare follow-up, etc.
- Administrative Activities
  - Completing administrative/leadership tasks as assigned by Postdoctoral Supervisor and program leadership (including but not limited to staff training, leading team meetings, monitoring Performance Measures, liaison with other hospital programs, program development)

**6. Amount/type of supervision:**

- Weekly supervision provided by primary supervisor, weekly supervision with other ATS psychologists and psychology trainees, with additional group supervision as part of staff/case review meetings
- Orientations include cognitive-behavioral and interpersonal with special emphasis on multicultural issues. Consultation available from any of the psychologists within ATS as well as psychologists in Mental Health Clinic.

**7. Didactics:**

- Participation in ACT education and training presentations.
  - Past presentations include: Utilization of Cognitive Behavioral Techniques, Psychosocial Rehabilitation, Motivational Interviewing, patient risk assessment, Substance Use Disorders among the Elderly, dual diagnosis, and evolution of mental health and addiction treatment within the VA.

**8. Pace:**

Timely documentation is expected following significant clinical contact with patients. Assessments must be completed in a timely manner so that case can be presented to the ACT team and referral sources can quickly respond to ACT recommendations. Patients that are waiting for admission to a residential treatment programs have once a week case management contacts.

ACT's mission is the following:

*"Empowering and instilling hope for veterans with substance use disorders by providing client-focused, comprehensive assessment and a range of treatment modalities in collaboration with an interdisciplinary team and the community at large."*

ACT strives to help veterans with substance use disorders, as well as other mental health diagnoses, to access treatment that is appropriate for the severity of their problems and their readiness for change. We respect the multiple identities and varying circumstances of our patients. ACT providers try to gain an understanding how the many factors at play in the patient's life effect and are affected by their substance use and work collaboratively with the patient on their identified problems and goals. We also respect that people recover from addiction in many ways, and offer many different types of treatment including outpatient group and individual therapy, referral to residential treatment, medication management, self-help, bibliotherapy and web-based guided self-assessment.

The goal of psychology training at ACT is to gain an awareness of the many ways substance use effects the lives of our veterans (psychologically, physically, medically and spiritually), and to gain an understanding the process that veterans go through to change their substance use and other maladaptive behaviors. Using the scientist-practitioner framework, interns will develop their own "working model" about the etiology and treatment of substance use disorders, and become familiar with the many and varied methods that are used to help individuals recovery from addiction. Interns become an important part of the interdisciplinary team, and through their clinical and/or administrative duties learn what it means to be a psychologist within a VA Healthcare System. Psychology training in ACT focuses on acquiring knowledge across the many different aspects of the disease of addiction and being able to apply that knowledge to recommend and apply appropriate treatments. Supervision also focuses on patient



diversity, professional ethics, career development and awareness of trainees' worldview and interpersonal style and their influence on one's clinical work and professional development.

*Reviewed by:* Michael Potoczniak, Ph.D.

*Date:* 10/1/13

**Mental Health Clinic, Menlo Park (Outpatient MHC, Building 321, MPD)**

**Supervisors:** Jessica Cuellar, Ph.D.

Daniel Gutkind, Ph.D.

Bruce Linenberg, Ph.D.

Erin Sakai, Ph.D.

1. **Patient Population:** Predominantly male veterans (with a few female vets seen in this clinic) with a wide variety of psychiatric diagnoses, psychosocial issues, and co-morbid substance use, personality, and medical problems. Veterans' ages tend to cluster around older Vietnam-era vets and younger OIF/OEF/OND vets.
2. **Psychology's Role:** Psychologists are integral members of our interdisciplinary treatment teams, consisting of psychologists, psychiatrists, social workers, nurses, peer support specialists, and chaplaincy. We collaborate well with specialists in Voc Rehab, art therapy, and recreation therapy. Each team briefly meets daily to coordinate interdisciplinary care. Team psychologists may conduct initial new-to-clinic assessments, create treatment plans, provide therapy, give consultation to other team members or services, and respond to immediate psychiatric issues which may entail voluntary or involuntary hospital admissions. Psychology trainees will be full members of the team and will be invited and expected to provide all services that core team psychologists offer.
3. **Other Professionals and Trainees:** Psychology Postdoctoral Fellows, Psychology Practicum Students, Psychiatry, Psychiatry Residents, Social Work, Social Work interns, Nursing Staff, Vocational Rehabilitation staff (CWT), and Peer Support.
4. **Nature of Clinical Services Delivered:**
  - Individual and group psychotherapy
  - Mental health treatment coordination
  - Intake evaluations and treatment planning
  - Medication evaluation and follow-up
  - Liaison/consultation with other programs and staff.
  - Assessing and dealing with emergencies and hospital admissions as necessary
5. **Intern's Role:** Interns have the opportunity to function and contribute much as the Psychologist does, simply under supervision, and with variations depending upon experience and learning needs. Thus, Interns will have the opportunity to treat veterans with a wide variety of diagnoses and disorders from mild to severe; lead or co-lead psychotherapy or psychoeducational groups; provide individual psychotherapy; conduct initial assessments; create treatment plans; liaise with other services, including Inpatient Psychiatry, Domiciliary Service, Compensated Work Therapy (CWT) program, addiction treatment services, etc.
6. **Amount/Type of Supervision:** Interns receive one hour of individual and one hour of group case consultation/supervision each week. Interns might co-lead a therapy group with the supervisor, or video/audiotape their sessions for later review in supervision. The MHC Psychologists' theoretical orientations include cognitive-behavioral, psychodynamic, interpersonal psychodynamic, systems, psychosocial recovery, and integrative.
7. **Didactics:** The weekly hour-long group supervision meeting includes readings on a variety of topics and issues, and includes watching video of therapists from differing theoretical orientations. It

is an open format, meant to foster discussion about treatment, theory, issues around professional identity, systems problems, ethical concerns, etc.

8. **Pace:** Moderate and steady. The intern must be able to organize and prioritize time required for tasks listed under #5 above.

The MPD Mental Health Clinic (MHC) is a full-service outpatient clinic at the Menlo Park campus that serves individuals with a wide range of emotional, social, and psychiatric problems. Multiple and co-occurring diagnoses, medical and substance use issues, and psychosocial stressors are the norm, not the exception, and trainees will most certainly be challenged to develop skills in implementing evidence-based treatment in complex real-world situations.

Patient population tends to cluster around Vietnam-era and OIF/OEF/OND eras. Currently the majority of veterans seen here are Vietnam-era, but more and more Iraq/Afghanistan-deployed soldiers are seeking treatment. Trainees will have opportunities to hone skills in a variety of therapeutic modalities – CBT is the most prevalent here, but trainees have used behavioral, psychodynamic interpersonal, humanistic, and existential models. Outpatient MHC trainees may provide therapy (and get supervision) in: ‘classic’ CBT, Acceptance & Commitment Therapy, Prolonged Exposure, Cognitive Processing Therapy, Interpersonal Therapy for Depression, Time-Limited Psychodynamic Therapy, and other evidence-based treatments.

Trainees have paired this rotation with mini-rotations or other partnership with Family Therapy, Acceptance and Commitment Therapy, Outpatient Addiction Services, and outpatient PTSD specialty treatment. However, there are surely opportunities to work with Veterans carrying diagnoses of severe mental illness, PTSD or substance use disorders, and there are opportunities to provide and get supervision in PE, CPT, ACT, couples therapy, etc., even if formal mini-rotation is not requested (depending on supervisor expertise).

Weekly individual supervision is devoted to the intern’s clinical caseload of individual and group therapy clients, also focusing on case conceptualization. Supervision can also cover professional development issues, treatment team functioning, and program development issues. As stated above, the weekly hour-long group supervision meeting includes readings on a variety of topics and issues, and includes watching video of therapists from differing theoretical orientations. It is meant to foster discussion about treatment, theory, issues around professional identity, systems problems, ethical concerns, etc.

*Reviewed by:* Bruce Linenberg, Ph.D.; Daniel Gutkind,  
Ph.D.; Kristen McDonald, Ph.D.

*Date:* 7/17/15

**Posttraumatic Stress Disorder Clinical Team (Building 321, MPD)**

**Supervisors:** Emily Hugo, Psy.D.  
Julie Dimmitt, Ph.D.

1. **Patient population:** Men and women struggling with PTSD, many of whom have additional comorbid diagnoses. Traumatic experiences may include events from combat, training incidents, military sexual trauma, childhood, and civilian experiences.
1. **Psychology's role in the setting:** To provide individual and group psychotherapy, using evidence-based treatments for PTSD.
2. **Other professionals and trainees in the setting:** Psychology postdoctoral fellows, psychology practicum students, psychiatry residents, social workers, art therapists, nurses, and psychiatrists. The PCT team consists of psychologists, a psychiatrist, social worker, and an Art therapist/recreation therapist. Trainees include medical residents and social work interns. Psychologists also work closely with the Mental Health Clinic staff, coordinating care with mental health treatment coordinators, nursing staff, and psychiatrists.
3. **Nature of clinical services delivered:** The PCT places an emphasis on empirically-supported treatments for PTSD, but integrates treatment interventions from a variety of modalities. There are opportunities to provide individual psychotherapy (e.g., Prolonged Exposure Therapy, Cognitive Processing Therapy, Skill-Building/CBT, Acceptance and Commitment Therapy, Skills Training in Affective and Interpersonal Regulation, Motivational Interviewing) and group psychotherapy (e.g., PTSD Education, Seeking Safety, Anger Management). Interns will work in coordination with MHC and Substance Abuse Program staff.
4. **Intern's role in the setting:** Interns will have the opportunity to provide both individual and group psychotherapies. Depending on level of interest and skill, as well as clinic schedule, interns can choose to co-lead a PTSD-relevant group of interest to them. Interns are also involved in the triage, assessment, and treatment planning of PCT patients. Participation in team meetings and didactic trainings is also part of this rotation.
5. **Amount/type of supervision:** At least one hour of individual supervision will be provided and interns will participate in one hour of group supervision with other psychology trainees. Interns will also attend PCT team meetings. Supervision will include tape review, role play, and presentation of case conceptualization.
6. **Pace:** The PCT clinic has a steady workload with a significant amount of direct clinical care. Because of the nature trauma-focused therapy, the work can be emotionally intense. Expectations around number of assessments, individual clients, and groups per week will be set collaboratively at the start of the rotation. Interns will be expected to write individual, group, and assessment notes in a timely and professional manner. Given the emotional intensity of some of the psychotherapies provided (e.g., prolonged exposure) there is also a strong emphasis on self-care.

This rotation is a great fit for anyone who is interested in gaining initial or additional expertise in the outpatient treatment of PTSD and its associated features. The PTSD Clinical Team (PCT) rotation aims to build foundational knowledge of PTSD, as well as an understanding of the triaging, assessment, case conceptualization, and multidisciplinary treatment of veterans with PTSD. Skills are fostered through opportunities to conduct thorough PTSD assessments; to conduct individual psychotherapy; to co-lead psychotherapy groups/classes; to participate in team meetings and didactic presentations; to take part in individual and group supervision; and to function as an integral part of a multidisciplinary team. Additionally, you will be exposed to numerous evidence-based treatments, including Prolonged Exposure, Cognitive Processing Therapy, Seeking Safety, CBT for PTSD, Motivational Interviewing, and Acceptance and Commitment Therapy. There are also opportunities for program development, as the PCT is continuing to assess and adjust our approach to treating veterans with PTSD, based on new research findings, feedback from veterans, and increasing experience with OIF/OEF veterans.

*Reviewed by:* Karen Kasch, Ph.D.  
*Date:* June 29, 2015

## **Women's Counseling Center (Building 350, MPD)**

**Supervisor: Trisha Vinatieri, Psy.D.**

1. **Patient population:** The Women's Counseling Center (WCC) is an outpatient mental health program for women veterans at the Menlo Park Division of VAPAHCS. Women veterans are the fastest growing patient population within the VA. They have unique mental health needs, but have traditionally been underserved. This multidisciplinary program provides a range of services with the goal of increasing access to care and enhancing the mental health services provided to women veterans at this facility. Women veterans seen at WCC present with a diverse range of both Axis I and II disorders. Many are likely to have significant trauma histories that have not been adequately addressed, or that may have been exacerbated as a result of their minority status in the military. As a result, the treatment of PTSD is a major focus (see below).
2. **Psychology's role in the setting:** Psychologists function as part of an interdisciplinary team (BHIP team) to provide treatment planning, intake evaluations and psychometric assessments, individual and group psychotherapy and active consultation in women's mental health to providers within the VA system. Students will work as part of a team whose goal is provide gender-sensitive care, including coordinated care with other health care programs to enable every woman to best address her specific needs.
3. **Other professionals and trainees in the setting:** This is an interdisciplinary setting with professionals from medicine, psychiatry, nursing, social work, recreational therapy and chaplaincy. This setting also includes psychiatry residents, psychology fellows, psychology practicum students and social work interns.
4. **Nature of clinical services delivered:** Services include mental health promotion (e.g., transition assistance from military to civilian life, stress management, violence prevention), and evidenced-based treatment for conditions unique or prevalent among women veterans including depression, anxiety, and PTSD in a building dedicated to women's mental health care. Treatments offered consist of Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, Interpersonal Psychotherapy, Problem Solving Therapy, and Dialectical Behavior Therapy as well as specialized treatment for PTSD and related issues (e.g., Cognitive Processing Therapy, Prolonged Exposure Therapy, Anger Management, and Seeking Safety). Psychometric assessment, which can include structured clinical interviews for PTSD (i.e., CAPS) are routinely administered to patients new to treatment. Treatment modalities include individual and group therapy, as well as telemental health services for women who have difficulty accessing care (e.g., rural populations, mothers of young children).
5. **Intern's role in the setting:** Interns function as part of an interdisciplinary team to provide clinical services. Interns will be responsible for managing their own client schedule, determining appropriate treatment strategies (with the assistance of the supervisor), and actively consulting with other providers within the VA system. Clinical research opportunities are also available in the areas of stress and trauma. These opportunities are ideal for interns interested in formulating research questions based on their clinical experiences in this rotation (i.e., application of the scientist-practitioner model), or mapping onto an existing project as part of their training. This rotation is also available as a mini-rotation as agreed upon by the intern and supervisor.
6. **Amount/type of supervision:** Supervision includes individual, face-to-face supervision on a weekly basis, live observation and group supervision. Additional meetings with the supervisor are scheduled as-needed.

7. **Didactics:** Participation in the Clinical Training Program developed by the NCPTSD Dissemination and Training Division, participation in periodic NCPTSD trainings group supervision trainings, as well as the national Women's Mental Health Webinar offered monthly.
8. **Pace:** This is a busy outpatient mental health clinic with opportunity to participate in a wide range of clinical services. Interns will work with the supervisor on an individualized training plan at the start of their rotation that will help guide the pace of their work. In general, interns are expected to conduct one psychodiagnostic interview per week, co-lead one group, and carry a small caseload of individual therapy patients. Therapy notes are expected within 24 hours of providing services.

The Women's Mental Health rotation is an ideal opportunity for trainees interested in the provision of mental health services to the rapidly increasing number of women veterans now being served by the VA. Interns will have the opportunity to:

- Participate in a new and important center for women veterans
- Conduct mental health assessments and interventions sensitive to women's issues
- Learn and implement evidenced-based therapies such as CPT, PE, DBT, IPT, CBT, and ACT
- Participate in evaluation/outcome research

Reviewed by: Trisha Vinatieri, Psy.D.

Date: 07/09/2015

*"Training at WCC has been such a positive, and informative, experience. The clinic is a rich training environment for working with women Veterans with complex mental health needs; there is a true sense of community at every level. The psychologists at WCC are collaborative, warm, and approachable with even the smallest question or concern. The clinic operates as well-functioning team that models respect and empathy for clients, trainees, and staff, alike. I learned so much about effectively using trauma-focused therapy, DBT, and other interventions, that I will carry well beyond this year." ~Recent intern*

**Mini-Rotations:****Acceptance and Commitment Therapy (Mini-Rotation)**

**Supervisors:** Robyn Walser, Ph.D.  
Veronica Reis, Ph.D.

Acceptance and Commitment Therapy (ACT) is an empirically supported intervention, and an EBP for depression, chronic pain and other disorders. It is a behaviorally-based intervention designed to address avoidance of internal experiences such as negative thoughts, emotions and sensations while also focusing on making powerful life enhancing choices that are consistent with personal values. ACT demonstrates the role that language plays in human suffering and specifically undermines this role with experiential exercises, mindfulness practice, use of metaphor and focus on defining values. ACT is principle based and focused on process implementation. As well, it has a number of manuals that can be applied with a number of populations. The mini-rotation is typically offered to interns in the Trauma Recovery Programs and available to other interns as supported by individual rotations (e.g., BMed, Inpatient Psychiatry, Women's Health Center, MHC). The mini-rotation will provide a combination of didactic and supervised clinical experience in the use of ACT with PTSD patients in the Men's and Women's Trauma Recovery Programs, and with patients from the Mental Health Clinic (Menlo Park). Additionally, other target populations can be included depending on interest and availability (e.g. primary care, behavioral medicine, women's health, etc.).

1. **Amount/type of supervision:** At least 1.5 hours per week of group supervision with individual supervision as needed. Opportunities to be observed and recorded are available.
2. **Didactics in the setting:** Participation in the ACT mini-rotation includes reading and reviewing articles, chapters and books specific to ACT and the underlying theory.
3. **Mini immersion:** During the 2<sup>nd</sup> half of the training year, participation in a 2-day Introduction to ACT workshop that is more experiential in nature to assist with learning ACT concepts.
4. **Small Project:** Each supervisee will be asked to create an educational product related to ACT. This can include client exercises, therapist exercises, review of literature (determined by supervisor and supervisee depending on interests).

*Reviewed by:* Robyn Walser, Ph.D. and Veronica Reis,  
Ph.D.

*Date:* 7/10/15 (VR)

**Family Therapy Program (Mini-Rotation)**

**Supervisor:** Douglas Rait, Ph.D., Director

The Family Therapy Program at the VA Palo Alto Health Care System has an international reputation as a center devoted to the treatment of couples and families, the training of mental health professionals, and the study of family processes. Family-systems theory represents the broad stance from which both clinical data and therapeutic change are considered, and the program's educational curriculum is focused on developing a full range of clinical skills including couples and family assessment, interviewing, intervention, and family-systems consultation.

Our training comfortably represents differing systemic theoretical orientations that include structural, psychoeducational, integrative behavioral, and emotionally focused approaches to couples and family treatment. Training in the Family Therapy Program concentrates first on fundamental systemic assessment and treatment skills that most family therapists draw upon, and exposure to specific evidence-based clinical approaches is provided. Throughout their rotations, psychology interns are asked to



continually define their evolving, personal models of psychotherapeutic process and change. In addition to careful case conceptualization, treatment planning and responsible execution, we encourage curiosity, individuality, and inventiveness.

1. **Patient Population:** Couples and families are directly referred to the Family Therapy Program's clinic for consultation and treatment from medical and psychiatric programs within the VA Palo Alto Health Care System and from the community. During his or her rotation, each intern can expect to see a range of cases, varying across presenting problem, couple and family composition, and family developmental stage.
2. **Other professionals and trainees:** Program staff include two psychologists and two social workers. In addition to training psychology interns and postdoctoral fellows, the Family Therapy Program also provides family therapy training for residents and medical students through Stanford University's Department of Psychiatry and Behavioral Sciences. Finally, the program provides consultation and teaching to services and interdisciplinary staff throughout the VA Palo Alto Health Care System.
3. **Nature of clinical services delivered:** Consistent with the VA's emerging commitment to treating couples and families, the Family Therapy Program offers a continuum of services that include, but are not limited to: brief family consultations, couples and family therapy from a structural, integrative behavioral, and emotionally focused perspective, and family psychoeducation. Interested trainees may also have the opportunity of co-lead couples groups and multiple family therapy.
4. **Intern's role:** Psychology interns are valued typically assigned to the Family Therapy Program for either six months or a full year as a mini-rotation that can be combined with other half-time rotations offered by the psychology internship program. Interns who are assigned during the second rotation (March-August) are expected to continue working through the third week of August. The professional identities of psychologists with a family-systems perspective may combine both clinical and research interests. Dr. Rait's current VA research focuses on the therapeutic alliance in couple therapy and its relationship to treatment process and outcome.
5. **Amount and type of supervision:** The primary format for supervision is group consultation, where interns present couples or families for live and videotaped consultation. In this context, interns have the opportunity to observe each other and work together as a clinical team. From a teaching point of view, careful attention is paid to case formulation, the identification and resolution of clinical impasses, and development of the therapist's use of self in therapy. In addition, a range of supervision and consultative models are explored. The clinic presently has two studios equipped with one-way mirrors and phone hook-up, and sessions are routinely videotaped. Direct observation of therapy sessions conducted by interns is a part of the clinic's everyday routine.
6. **Didactics:** Didactics are woven into the training during Thursday morning clinic. In addition, the interns are provided with a comprehensive readings in couples and family therapy that provide a solid conceptual, practical, and intensive introduction to couples and family therapy.
7. **Pace:** The usual caseload for psychology interns and postdoctoral fellows is two to three couples or families.

**Summary.** Specialized family therapy skills are highly valued in VA and academic medical centers, academic departments, and community-based mental health clinics throughout the country. Although we are supportive of trainees' efforts to continue their training in family therapy and family research, interns participating in the program need not plan to spend the majority of their professional time specializing in this area. However, at the completion of the rotation, we do expect that trainees will leave the program with greater proficiency in engaging couples and families, family assessment and consultation, formulating and executing systemic interventions, evaluating treatment progress, and planning termination. In addition, we hope to stimulate interns' creativity, intelligence, and resourcefulness in their ongoing development as clinical psychologists.

For additional information about the Family Therapy Program, please contact Douglas Rait, Ph.D. at (650) 493-5000, extension 24697.

*Reviewed by:* Douglas Rait, Ph.D.  
*Date:* 9/9/14

*"I thoroughly enjoyed my experience in the family rotation and learned a tremendous amount about providing treatment to couples/families. The rotation provided opportunities for learning through a variety of modalities including reading materials, video examples, and didactics as well as the experience of implementing couple/family therapy with live supervision from Dr. Rait and the whole treatment team. My favorite part was the live supervision, which was tremendously helpful!" ~Recent intern*

## Clinical Research Programs

### Health Services Research & Development

#### Center for Innovation to Implementation (Ci2i, Building 324, MPD)

Supervisor(s): Daniel Blonigen, Ph.D.  
Marcel Bonn-Miller, Ph.D.  
Ruth Cronkite, Ph.D.  
Keith Humphreys, Ph.D.  
Rachel Kimerling, Ph.D.  
Craig Rosen, Ph.D.  
Christine Timko, Ph.D.  
Ranak Trivedi, Ph.D.

1. **Patient population:** Veterans enrolled in the VA and receiving a wide variety of care including primary care, specialty mental health care (e.g., substance abuse treatment and chronic disease management), and Veterans enrolled in research studies.
2. **Psychology's role:** Ci2i researchers, many of whom are psychologists, play a critical role in development, dissemination, delivery, implementation, and evaluation of clinical services. At Ci2i, psychologists conceive and answer important questions about outcomes, quality, and costs of publicly funded mental health services.
3. **Other professionals and trainees:** The Ci2i community includes a variety of experts in health services research areas, including health economics, epidemiology, public health, medical sociology, and biostatistics.
4. **Nature of clinical services delivered:** No direct clinical services are provided.
5. **Intern's role:** In consultation with a research mentor, interns develop and implement a research project related to one of the Center's several ongoing studies. Over the course of the rotation, interns are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal.
6. **Amount/type of supervision:** One or two research mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.
7. **Didactics:** The Center sponsors a weekly forum on a variety of relevant health services research topics; attendance is required. The research mentor and intern may choose to incorporate additional seminars, e.g., Grand Rounds, presentations at Stanford, study groups, etc. The intern and mentor will determine readings relevant to the chosen research project and areas of interest.
8. **Pace:** The goal of completing a research project from conception to write up within six months requires skillful time management. Rotation supervisors help the intern develop a rotation plan. Interns at Ci2i benefit from a coherent rotation focus with minimal additional requirements.

The HSR&D rotation offers interns ongoing professional development as clinical researchers within the context of a national center of research excellence. The Center for Innovation to Implementation ([Ci2i](#)) is one of the VA Health Services Research and Development Service's (HSR&D) national network of research centers. Ci2i is also affiliated with the Stanford University School of Medicine. Ci2i's mission is to conduct and disseminate health services research that results in more effective and cost-effective care for veterans and for the nation's population as a whole. We work to develop an integrated body of knowledge about health care and to help the VA and the broader health care community plan and adapt to changes associated with health care reform. One main focus of the Center is on individuals with psychiatric and substance use disorders. Secondary foci of direct interest to clinical and counseling psychology interns include the organization and delivery of mental health treatment services, the costs of care, and clinical practice guidelines.

Interns at Ci2i become involved in activities designed to improve their ability to conduct and interpret health services research. The organizational philosophy at the Center is strongly emphasized in its internship rotation: We believe that a collaborative, clear, and supportive work environment contributes to professional development and training outcomes. Interns are expected to attend presentations that are relevant to the field, read research articles related to their research topic, and generally participate in the intellectual life of the Center. Interns may receive training in a range of research skills, including quantitative and/or qualitative methods, assessment, statistics, data management, and statistical programs such as SPSS and SAS. Interns may also receive mentoring on professional development issues, e.g., integrating clinical practice experiences and knowledge into conceptualization of health services research questions, clarifying their own research interests and goals, applying for research-related jobs, scientific writing, grant proposal writing, project administration, publishing, presenting at professional meetings. This rotation may be particularly useful for interns who are planning academic/research careers or are preparing for administrative/clinical roles in which understanding and conducting health services research (e.g., program evaluation) is a major professional activity. Goals for the HSR&D internship rotation include the following:

*Interns will participate in an effective research-oriented work environment.* The Center's organizational culture is both interpersonally supportive and intellectually stimulating. In the internship rotation, this culture includes encouraging and modeling effective professional communication, establishing collegial mentorship relationships between supervisors and interns, encouraging collaboration rather than competition, providing clear expectations and role descriptions, helping interns acquire skills, and supporting the intern in defining and achieving their own training goals.

*Interns will be able to ask effective health services research questions* by integrating clinical practice experiences into conceptualization of health services research questions, analyzing and understanding relevant research literatures, and connecting health services research questions with important VA and non-VA health care policy and services issues.

*Interns will develop as professional health science researchers* by clarifying their own health science research interests, developing collaborative communication skills within interdisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Interns should be able to attend to issues of race and culture in research conceptualization and implementation, including understanding the influence of one's own racial/ethnic background and those of research participants.

*Interns will acquire relevant research competencies*, including selecting and employing appropriate quantitative and/or qualitative data analytic methods, selecting or designing valid and reliable instruments, completing presentations suitable for presentation at a professional conference/submission to a professional journal, and/or understanding the basic mechanics of grant proposal writing and project management.

### **Recent and ongoing studies and other archival datasets at Ci2i:**

Understanding Women Veterans Experience of Primary Care

Violence Prevention for SUD Patients

12-Step/Cognitive-Behavioral Comparison and Follow-up

Clinical Practice Guidelines Implementation

Community Residential Facilities Evaluation

Components of Effective Treatments for Dually Diagnosed Patients

Continuity in Substance Abuse Care

Cost of VA Research Administration

Depression Treatment Outcome

Effectiveness of Neonatal Intensive Care

Exclusion Criteria in Alcoholism Treatment Research  
Facilitating Substance Abuse Patients' Self Help Participation  
Hospital Organization/Demand for Services  
Improvement of Substance Use Disorder Care  
Long-term health outcomes among depressed patients and community controls  
Meta-Analysis of Alcoholism Treatment Outcome  
Outcomes of Opioid Dependence Treatment  
Parental Depression and Alcohol Abuse  
Patient Outings in Hospital v. Community Based SUD Treatment Programs  
Patient-Treatment Matching for Dual Diagnosis Patients  
Personality Assessment and Substance Use Disorder Treatment Processes and Outcomes  
Problem Drinking Among Older Adults  
PTSD and Health Among VA Primary Care Patients  
Rehabilitation Costs  
Self-Help & Mutual Support Groups  
Substance Abuse and Psychiatric Programs' Structure and Treatment Process  
Substance Abuse Outcomes/Addiction Severity Index Data  
Substance Abuse Patients' Utilization and Substance Abuse Program Budgeting  
System for Monitoring Substance Abuse Outcomes and Care  
Telephone Case Monitoring for Veterans with PTSD  
Telephone Intervention for Smoking Cessation  
Treated/Untreated Problem Drinkers  
Utilization of Care and Clinical Outcomes of PTSD Patients

Further information on the Center's activities is available by request, and on the website at [www.chce.research.va.gov](http://www.chce.research.va.gov). Interested interns should contact Dr. Blonigen at least three months prior to the beginning of the rotation to discuss the possibilities of a rotation in the Center. This rotation is available only as a full half-time rotation (6 months @ 18 hours/week).

*Reviewed by:* Daniel M. Blonigen, Ph.D.  
*Date:* 07/26/15

**National Center for Post Traumatic Stress Disorder  
Dissemination and Training Division (Buildings 324 & 334, MPD)**

**Supervisors:**

Eve Carlson, Ph.D.  
Marylene Cloitre, Ph.D.  
Kent Drescher, Ph.D.  
Afsoon Eftekhari, Ph.D.  
Rachel Kimerling, Ph.D., Director, Military Sexual Trauma Support Team  
Eric Kuhn, Ph.D.  
Craig Rosen, Ph.D., Deputy Director, NCPTSD Dissemination and Training  
Division  
Josef Ruzek, Ph.D., Director, NCPTSD Dissemination and Training  
Division  
Quyen Tiet, Ph.D.  
Robyn Walser, Ph.D.  
Shannon Wiltsey Stirman, Ph.D.  
Steve Woodward, Ph.D., Director, PTSD Sleep Laboratory  
Lindsey Zimmerman, Ph.D.

1. **Patient population:** Vietnam veterans comprise the majority of VA PTSD patients nationwide, but projects also include Iraq and Afghanistan veterans, veterans exposed to military sexual trauma, and veterans of WWII, Korea, and the first Gulf War. Research has been conducted on hospital patients with traumatic injuries and family members of gravely injured hospital patients.
2. **Psychology's role:** NCPTSD educators, many of whom are psychologists, play a nationwide leadership role in disseminating state-of-the-art treatments for PTSD, including two national VA initiatives to train clinicians in evidence-based treatments, a mentoring program for heads of PTSD clinics, and video and web-based trainings for clinicians and web-based educational materials for trauma survivors. NCPTSD researchers, most of whom are psychologists conduct evaluations of VA mental health services, clinical intervention trials, implementation science, assessment development studies, biological research, and neuroimaging studies.
3. **Other professionals and trainees:** Psychiatry, Research, Social Work, Public Health, Psychology Practicum Students.
4. **Nature of clinical services delivered:** Limited clinical services are delivered as part of specific research trials.
5. **Intern's role:** The training needs and interests of the intern define the mix of dissemination and research activities. Interns interested in dissemination work with National Center education staff to develop PTSD-related educational products and services with potential for wide dissemination, or to take on a significant role in an ongoing implementation science or dissemination project. Interns interested in research work with a mentor to develop and implement a research project related to one of NCPTSD's ongoing studies or archival datasets. Research interns are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal. Interns may also have an opportunity to participate in delivery of interventions in ongoing clinical trials.
6. **Amount/type of supervision:** One or two mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.
7. **Pace:** The goal of completing a research project or education project from conception to write up within six months requires skillful time management. Rotation supervisors help the intern develop a rotation plan.

The National Center for Post Traumatic Stress Disorder ([NCPTSD](#)) is a congressionally mandated consortium whose goal is to advance understanding of trauma and its consequences. The Dissemination



and Training Division at the Palo Alto VAPAHCS, Menlo Park Division is one of seven National Center divisions located at five sites. The others are located in Boston (Behavioral Science Division and Women's Health Sciences Division), Honolulu (Pacific Islands Division), West Haven (Evaluation Division and Clinical Neurosciences Division) and White River Junction, Vermont (Executive Division).

Interns may participate in ongoing research choosing from a variety of research opportunities. These include ongoing studies to evaluate VA policies related to screening, detection and treatment of PTSD, military sexual trauma, and other deployment-related health conditions, clinical trials of psychosocial interventions, psychometric instrument development, novel assessment methods development, laboratory and ambulatory psychophysiological studies, laboratory and ambulatory sleep studies, neuroimaging, longitudinal studies of the course of PTSD, and systems of care for recent trauma survivors. Cognitive, affective, psychobiologic and spiritual domains of PTSD are under investigation, as are related health service delivery issues.

Interns may participate in a broad range of dissemination and training initiatives. Current dissemination/implementation activities of the Education Division include two nationwide initiatives to train VA clinicians in Prolonged Exposure and in Acceptance and Commitment Therapy, development of video and web-based training materials for VA and military clinicians, patient education and self-help materials for military personnel and civilians exposed to trauma, and training military chaplains and mental health staff in PTSD care.

Trainees at the National Center for PTSD have the opportunity to:

- Learn to conceptualize the after-effects of trauma from a variety of theoretical perspectives—primarily cognitive-behavioral, biological, and spiritual;
- Gain an understanding of factors that influence implementation of best care practices for PTSD in a national treatment system;
- Learn about effective means of disseminating and training clinicians in PTSD treatments.
- Gain further exposure to PTSD clinical research; and/or,
- Gain experience in evaluating quality of care for PTSD.

The National Center for PTSD has strong collaborative relationships with several other clinical and research programs at the Palo Alto VA, including the Men's Trauma Recovery Program, the Women's Trauma Recovery Program, the Sierra-Pacific Mental Illness Research, Education and Clinical Center (MIRECC), the Center for Innovation to Implementation (Ci2i), the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC).

*Reviewed by:* Lindsey Zimmerman, Ph.D.

*Date:* 8/27/15

**Sierra Pacific Mental Illness Research Education and Clinical Center (MIRECC)  
Dementia Core (Building 5, Palo Alto Division)**

**Supervisor(s):** Sherry A. Beaudreau, Ph.D., ABPP-Gero  
J. Kaci Fairchild, Ph.D., ABPP-Gero  
Lisa Kinoshita, Ph.D.  
Allyson Rosen, Ph.D., ABPP-CN

- 1. Patient population:** Persons with cognitive or late-life neuropsychiatric impairment participating in clinical research studies.
- 2. Psychology's role:** MIRECC researchers in the Dementia Core, which includes psychologists, follow the mission of the center which is research, education, and clinical services aimed at improving the lives of those affected by Alzheimer's Disease, related dementias, Vascular Cognitive Impairment, and mild cognitive impairment. MIRECC investigators are involved in the assessment and treatment of late-life cognitive and psychiatric disorders.
- 3. Other professionals and trainees:** In addition to psychology, the Sierra Pacific MIRECC at the VA Palo Alto includes a variety of experts in psychiatry, neurology, nursing, and neuroscience. Trainees at all levels participate in MIRECC functions and include bachelor level research assistants, research volunteers, practicum students, psychology interns, and advanced postdoctoral fellows.
- 4. Nature of clinical services delivered:** This is a clinical research rotation. Clinical contact will be obtained through participant contact through research protocols. Time spent in direct clinical services will be up to 50% of the interns' time on the rotation, and will be based on the interns' clinical geropsychology training needs following the Pike's Peak Model of training (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). The Pike's Peak Model of geropsychology training provides a list of competencies that can be used by trainees and their supervisors to ensure training is received in important domains of professional geropsychology. These competencies include methodological issues in conducting or evaluating research in aging. On this rotation, direct service opportunities are integrated with or relevant to the interns' clinical research project. Examples of direct services include neuropsychological and psychiatric assessment with older adults and the provision of evidence based treatments aimed at improving memory, mood, or other late-life mental health symptoms or psychosocial concerns. Additional opportunities include community outreach and psychoeducation.
- 5. Intern's role:** Interns complete two main activities under the mentorship of a licensed psychologist. 1) Interns participate in integrated clinical service activities as part of a clinical research protocol. 2) Interns develop and implement a research project utilizing existing data from one of the MIRECC's ongoing studies. Over the course of the rotation, interns are expected to develop: 1) advanced clinical competency or achievement of new competencies related to the Pike's Peak Model of geropsychology, 2) clinical expertise in an area related to their research project, and 3) a report of their project that is suitable for presentation at a scientific conference and for presentation in a research forum at the MIRECC. Preparation of a manuscript for peer-reviewed publication or other publication such as a letter to the editor are encouraged, but not required.
- 6. Amount/type of supervision:** One or two supervisors are assigned to each intern. Supervision will be a minimum of two hours per week with at least one hour of face-to-face individual supervision with the primary mentor.
- 7. Didactics:** The VA Advanced Fellowship Program in Mental Illness Research and Education offers weekly didactics on academic survival, professional development, manuscript and grant writing, methodology, and biostatistics; attendance by interns is encouraged but not required. The research mentor and intern may choose to incorporate additional seminars, e.g., Geriatric Psychiatry and Neuroscience Grand Rounds, presentations at Stanford, or study groups. The intern and mentor will determine readings relevant to the chosen research project and areas of interest.
- 8. Pace:** Rotation supervisors help the intern develop a training plan integrating their clinical and

research goals for this rotation. Pace of clinical contact and research progress will be based on these overarching goals.

The Sierra Pacific MIRECC rotation offers interns ongoing professional development as clinical researchers within the context of a multi-disciplinary translational research center. There are currently ten MIRECCs nationwide with each focusing on mental illnesses or conditions that are common in Veterans. Researchers at the MIRECCs investigate the causes of mental illness, develop new treatments for mental illness, and evaluate both established and new treatments with the goal of identifying best practices.

The Sierra Pacific MIRECC at VA Palo Alto is affiliated with the Stanford University School of Medicine and research mentors are part of the Stanford faculty through the Department of Psychiatry and Behavioral Sciences. The MIRECC Dementia Core's mission is to study the progression of dementia and other cognitive disorders or impairment over time, treatment response, assessment issues, and problems patients and caregivers experience in coping with the changes that occur. We work to develop an integrated body of knowledge about dementia and to help the VA and the broader health care community plan and adapt to changes associated with the rapidly expanding aging population among both Veterans and civilians. Some areas of focus in the MIRECC is on individuals with cognitive impairment and neuropsychiatric symptoms, prevention and management of cognitive impairment, prevention of cognitive decline in vascular surgical procedures and chronic vascular risk, late-life psychiatric disorders, neuropsychological test development, and innovative mental health treatment approaches. Secondary foci include sexuality and aging, sleep, and the application of advanced biostatistical techniques.

Interns at MIRECC become involved in activities designed to improve their ability to conduct and interpret clinical aging research and to achieve clinical competencies in accord with the Pike's Peak Model of Clinical Geropsychology training. Interns may receive training in a range of clinical research skills, including quantitative methods, assessment, statistics, data management, and statistical programs such as SPSS. Interns may also receive mentoring on professional development issues, such as: integrating clinical practice experiences and knowledge into translational research questions; clarifying their own research interests and goals; applying for research-related jobs; scientific writing; grant proposal writing; project administration; publishing; and presenting at professional meetings. This rotation may be particularly useful for interns who are planning academic/research careers or are preparing for administrative/clinical roles in which understanding and conducting translational research (e.g., intervention or assessment) is a major professional activity. Goals for this rotation are the following:

*Interns will participate in an effective clinical research-oriented work environment.* The MIRECC aims to foster intellectual stimulation and research independence. This environment encourages and models effective professional communication among multidisciplinary staff, and collegial mentorship relationships between supervisors and interns helping interns acquire skills, and supporting the intern in defining and achieving their own training goals in the context of careers in aging research.

*Interns will be able to ask effective geropsychological clinical research questions* by integrating clinical practice experiences into conceptualization of aging research questions, and analyzing and understanding relevant research literatures.

*Interns will develop advanced clinical skills relevant to assessment or treatment of older adults* by participating in direct clinical research services. These services integrate the interns' experience by allowing them to directly apply knowledge gained from clinical duties on the rotation to a clinical research question developed in consultation with their mentor. Interns will develop a training plan based on their clinical aging interests, their training needs with respect to the Pike's Peak Model, and the mentor's clinical research program. Typically, direct clinical services and the interns' independent research project will be an integrated clinical research experience utilizing larger ongoing projects at the MIRECC.

*Interns will develop as professional researchers in aging* by clarifying their own research interests in geropsychology, developing collaborative communication skills within multidisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Mentors expose interns to networking and service opportunities in the larger clinical geropsychology professional community locally, nationally, and internationally.

*Interns will acquire relevant clinical research competencies* to select and employ appropriate analytic methods for both cross-sectional and longitudinal aging research; select, design, and administer valid and reliable instruments for use with older adults; if relevant to the interns goals, administer evidence based treatments; prepare for presentation at a professional conference or prepare a manuscript for submission to a professional journal.

**Recent and ongoing Dementia Core studies at the MIRECC:**

- Genetic Moderators of Cognitive Impairment: Sherry Beaudreau & Kaci Fairchild
- Neuropsychiatric Symptoms and Medical Comorbidity as Predictors of Cognitive Impairment in Normal Older Adults or Individuals with Mild Cognitive Impairment or Dementia: Sherry Beaudreau
- Innovative Statistical and Methodological Techniques for Clinical Aging Research: Kaci Fairchild & Sherry Beaudreau
- Behavioral Treatments for Late-Life Anxiety and Depression: Sherry Beaudreau
- Issues Related to Late-Life Psychiatric and Medical Comorbidity: Sherry Beaudreau
- Physical Exercise and Cognitive Training for Persons with Mild Cognitive Impairment: Kaci Fairchild
- Age Differences in Erectile Dysfunction Treatment Outcome: Sherry Beaudreau
- Support Group for Persons with Mild Cognitive Impairment and Their Partners: Kaci Fairchild
- Predictors of Cognitive Decline in Aging Veterans with PTSD: Lisa Kinoshita
- Assessment and Impact of Late-Life Sleep Impairment: Lisa Kinoshita
- The Application of Neuroimaging Techniques to the Study of Cognitive Decline in Individuals with MCI and Dementia: Allyson Rosen
- Long-term Neurocognitive Sequelae of Subclinical Microembolization During Carotid Interventions: Allyson Rosen

*Reviewed by:* Sherry Beaudreau, Ph.D.  
*Date:* 7/02/15

## Psychology Training Staff

### Psychology Service

**Jennifer Alvarez, Ph.D.** University of Pennsylvania, 2005. Internship VA Palo Alto HCS, 2004-05. Post-doctoral fellowship HSR&D/Stanford Medical School, 2005-07. On staff since 2007. Licensed PSY21700 State of California since 2007. Professional Organizations: American Psychological Association, Association for Psychological Science, Association for Behavioral and Cognitive Therapies, International Society for Traumatic Stress Studies. Professional Interests: Evidence-based treatment for PTSD, military sexual trauma, anxiety, dissemination and adoption of empirically based treatment, program evaluation/treatment outcome measurement.

**Stephen T. Black, Ph.D., Ph.D.** University of California, Santa Cruz (Social & Personality) 1989, Jackson State University (Clinical) 2005. Internship: Mississippi State Hospital, 2004, Post-Doctoral Fellowship: VA Palo Alto HCS (Psychosocial Rehabilitation), California license PSY21055, since 2006, Mississippi license PSY46754, since 2006, Faculty appointment: Clinical Instructor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional organizations: American Psychological Association, Association for Psychological Science, American Psychology & Law Society, Society for a Scientific Clinical Psychology. Research Interests: Suicide assessment and intervention, Psychosocial rehabilitation for serious mental illness. Theoretical orientation: Behavioral-cognitive, Humanistic.

**Kimberly L. Brodsky, Ph.D.** University of Colorado, Boulder, 2008. Internship VA Northern California HCS, 2007-2008. Licensed PSY 22956 State of California since 2009. Faculty appointments: Clinical Instructor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine and Co-director of Psychiatry Graduate Year I didactic curriculum, and Palo Alto University. Stanford University “Teacher of the Year” Award, 2013. Professional Organizations: American Psychological Association, Association for Behavioral and Cognitive Therapies, International Society for Traumatic Stress Studies. Clinical Interests: ACT for severe mental illness, evidence based treatments for PTSD, military sexual trauma, mindfulness based interventions for distress, women focused interventions for domestic violence.

**Jean R. Cooney, Ph.D.** Pacific Graduate School of Psychology, 2001. Minneapolis VA Internship 1999-2000; VA Palo Alto HCS Post Doctoral Training 2001-2002; on staff 2000 to present. Licensed (PSY 18279), State of California since 2002. Clinical Interests and Background: PTSD and other anxiety disorders, cognitive behavioral treatment, and neuropsychological/psychological assessment.

**Jessica Cuellar, Ph.D.** University of North Carolina at Chapel Hill, 2014. Internship: Medical College of Georgia/Charlie Norwood VA Medical Center, 2013-2014. Postdoctoral Fellowship: VA Palo Alto HCS 2014-2015. VA Palo Alto HCS staff since 2015. Licensure: State of California (PSY27633) since 2015. Professional Organization: American Psychological Association (Divisions 7, 43, 45). Professional/Research Interests: Couple and family therapy, trauma and the family context, parenting/caregiving issues, developmental psychopathology, culturally sensitive treatment, psychology training and supervision.

**Julie Dimmitt, Ph.D.** Palo Alto University, 2013. Internship: Bay Pines VAHCS, emphasis in military sexual trauma, PTSD, and co-occurring conditions, 2012-2013. Postdoctoral fellowship: VA Salt Lake City HCS, 2013-2014, emphasis in PTSD, Traumatic Brain Injury, post deployment readjustment, and other trauma and health related conditions. Staff psychologist with the PTSD Clinical Team since 2014.



Primary research and clinical interests: evidence-based treatments for PTSD, trauma related disorders, posttraumatic resilience, women's health, and self-care and burnout prevention.

**Stacy M. Dodd, Ph.D.** University of Florida, 2010. Internship, VA Palo Alto HCS (Behavioral Medicine Track) 2009-2010. Postdoctoral Fellowship, VA Palo Alto HCS (Behavioral Medicine Emphasis) 2010-2011. On staff at VA Palo Alto HCS since 2012. Licensed, State of California PSY 24431, since 2011. Professional Organizations: American Psychological Association (Division 38), Society of Behavioral Medicine, Northern California Cognitive Behavioral Network. Professional Interests: Behavioral medicine/health psychology, psychooncology, sexual function, insomnia and sleep disorders, transgender health care, primary care psychology.

**Cindy Levin Eaton, Ph.D.** Nova Southeastern University, 2003. Licensed in California since 2005. Internship at VA Palo Alto HCS. Worked in various roles providing treatment for Substance Use Disorder from 2005, in chronic pain, residential treatment, and outpatient treatment including Kaiser Permanente, private practice, and the VA Palo Alto HCS. Professional Interests: Motivational Interviewing, working with underserved clients, brief treatment, group therapy, and substance abuse treatment. Research Interests: Substance abuse treatment, translational work, and outcome research.

**William O. Faustman, Ph.D.** University of Mississippi, 1983. Internship: VA Palo Alto HCS, 1983, on staff since 1984. California license PSY8777, since 1985. Faculty appointment: Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional organizations: American Psychological Association (Fellow, Division 28, Psychopharmacology and Substance Abuse), British Psychological Society (Chartered Psychologist in Great Britain, Registry #88137), American Psychological Society, Society of Biological Psychiatry, Society for Neuroscience, Western Psychological Association, Southeastern Psychological Association, Sigma Xi. Research Interests: Biological basis of schizophrenia, neuropsychological impairments in psychotic disorders, clinical drug development of atypical antipsychotic medications.

**Margaret Florsheim, Ph.D.** Wayne State University, 1988. VA Palo Alto HCS Internship, 1987. Licensed, California PSY11727 since 1990. Professional Organizations: Gerontological Society of America. Research Interests: Older Adult Neuropsychological Functioning, Caregiver stress.

**Daniel Gutkind, Ph.D.** University of Southern California, 2002. Internship: Didi Hirsch Community Mental Health Center, Los Angeles, CA 2000-2001. California License PSY20889 since 2006. On staff at VAPAHCS since 2007. Professional Interests: Psychosocial Rehabilitation for seriously mentally ill individuals, co-integrated mental illness/substance use disorder treatment.

**Jeanette Hsu, Ph.D.** University of California, Berkeley, 1995. Internship, VA Palo Alto HCS 1994-1995. Postdoctoral fellowship, The Children's Health Council, Palo Alto, 1995-1996. VA Palo Alto HCS staff since 1996. Licensed, State of California PSY15008, since 1997. Clinical Associate Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional Associations: American Psychological Association (Fellow, Division 18), Association of Psychology Postdoctoral and Internship Centers (APPIC), Association for Behavioral and Cognitive Therapies, VA Psychology Training Council. Professional Interests: Psychology training administration, behavioral medicine/health psychology, addiction treatment, developmental psychopathology, teaching and supervision of multicultural competence.

**Emily Hugo, Psy.D.** PGSP-Stanford Psy.D. Consortium, 2007. Internship Duke University Medical Center, Cognitive Behavioral Track, 2006-2007. Postdoctoral training Stanford University Department of Psychiatry. Licensed PSY 23245 State of California since 2009. Clinical Interests: Treatment of PTSD and the delivery of associated evidence based treatments including Prolonged Exposure, Cognitive



Processing Therapy, and Acceptance and Commitment Therapy. Also intensively trained in Dialectical Behavioral Therapy and interested in the treatment of eating disorders.

**Terri Huh, Ph.D., ABPP-Gero** University of Massachusetts-Boston, 2004. Internship UC San Francisco Clinical Psychology Training Program, 2003-04. Postdoctoral fellowships UCSF Clinical Services Research, 2004-2007, VA Palo Alto GRECC Special Fellowship 2007-08. On staff since 2008. Professional Organizations: American Psychological Association, American Association for Geriatric Psychiatry, and Gerontological Society of America. Professional Interests: Geriatric depression and cognitive impairments, cognitive aging and degenerative diseases, evidence-based interventions for late life mental illness.

**Robert Jenkins, Ph.D.** University of Nevada, Reno, 1985. VA Palo Alto HCS Internship and Postdoctoral Training, 1984-1986; on staff since 1986. Licensed, State of California, PSY10345 since 1988. Professional Organizations: Association of Black Psychologists, American Psychological Association. Clinical Interests: Cross-Cultural issues in treatment, psychosocial adaptation and functioning, relapse prevention, family therapy, posttraumatic stress disorder.

**Julia Kasl-Godley, Ph.D.** University of Southern California, 2000. Internship VA Palo Alto HCS, 1998-1999; on staff since 2001. Licensed, State of California PSY17523, since 2001. Professional Organizations: American Psychological Association (Division 12—Section II, III; Division 20). Clinical and Research Interests: caregiving; coping and adaptation among individuals experiencing loss, grief and bereavement; sociocultural and psychological factors affecting adjustment to the dying process; health care teams and roles and training of psychologists in palliative care.

**Stephen Katz, Ph.D.** Louisiana State University, 1978. VA Palo Alto HCS since 1978. Licensed, State of California PSY6266 since 1980. Professional Organizations: American Psychological Association. American Association of Spinal Cord Injury Psychologists and Social Workers. Clinical and Research interests: Suicidality among spinal cord injured individuals; Management of Axis II patients in the rehabilitation setting; The integration of virtual reality in the rehabilitation of spinal cord injured individuals.

**Lisa Kinoshita, Ph.D.** Pacific Graduate School of Psychology, 2001. Internship: VA Palo Alto Health Care System, 1999-2000. Postdoctoral Fellowship: Mental Illness Research, Education and Clinical Center, Dementia Research Emphasis, 2001-2003. Licensed, State of California, PSY21916. Professional Organizations: Asian American Psychological Association, American Psychological Association, International Neuropsychological Society. Professional and Research Interests: neuropsychology, geropsychology, Asian American psychology, predictors of cognitive decline, cognitive disorders, dementia, posttraumatic stress disorder, sleep disorders.

**Jaclyn Kraemer, Ph.D.** Palo Alto University, 2013. Internship: Missouri Health Sciences Psychology Consortium at the Harry S. Truman Veterans' Hospital in Columbia, Missouri, 2012-2013. Post-doctoral fellowship: VA Palo Alto Health Care System, 2013-2014. On staff in the Trauma Recovery Program since August 2014. Licensed (PSY26612) in the State of California since 2014. Professional Organization: American Psychological Association. Professional Interests: Evidence-based treatment for posttraumatic stress disorder and trauma; substance use disorders; co-occurring diagnoses; Dialectical Behavior Therapy, and group psychotherapy.

**Madhur Kulkarni, Ph.D.** University of Michigan, Ann Arbor 2010. Licensed in Hawaii/California 2014/2015. Internship and Postdoctoral Fellowship at VA Palo Alto HCS. Worked in VA 8 years in both Ann Arbor and Palo Alto in the areas of PTSD and substance use disorders. Professional Interests: Working with underserved clients, working cross-culturally, comorbid PTSD-SUD treatment, supervision

and program evaluation/clinical research. Research Interests: Co-occurring PTSD-SUD treatment, cross-cultural issues, VA healthcare utilization.

**Geoffrey W. Lane, Ph.D., ABPP-Gero** Pacific Graduate School of Psychology, 2004. Geropsychology internship: University of Medicine and Dentistry of New Jersey, 2004-2005. Geropsychology postdoctoral fellowship, University of Rochester Medical Center, 2005-2006. Licensed, state of California PSY20829. Consultant, Institute on Aging, San Francisco CA, 2006-present. Neuropsychologist, Rehab Without Walls, San Jose CA, 2009-2015, Psychological Consultant, Avenidas Adult Day Health Program. Professional Organizations: American Psychological Association, Psychologists in Long Term Care. Professional and research interests: Neuropsychological assessment in geriatric populations, long term care psychology, technological innovations in long term care, program development and program evaluation in long term care settings, behavior management in dementia care.

**Bruce Linenberg, Ph.D.** Georgia State University, 1990. Internship VAMC Palo Alto, 1988-89. Licensed, California, 1992, PSY12683. Clinical Associate Professor (Affiliated), Psychiatry and Behavioral Sciences, Stanford University Medical Center. Professional Organizations: American Psychological Association, San Mateo County Psychological Association, Society for Exploration of Psychotherapy Integration. Interests: Psychotherapy integration; integration of philosophy and the humanities with clinical work; Interpersonal psychodynamic, existential, experiential, recovery and systems perspectives; Phenomenological research.

**Dorene Loew, Ph.D.** University of Vermont, 1987. Internship VA Palo Alto HCS 1987, on staff since 1989. Licensed, State of California PSY11325 since 1990. Clinical and Research Interests: Evidence-based treatment for PTSD, anxiety disorders, and emotion regulation.

**Jessica A. Lohnberg, Ph.D.** University of Iowa, 2011. Internship: VA Long Beach Healthcare System, 2010-2011. Postdoctoral Fellowship (Behavioral Medicine emphasis): VA Palo Alto Health Care System, 2011-2012. Licensed, State of California PSY25097, since 2012. Professional Organizations: American Psychological Association (Divisions 38 and 17), Society of Behavioral Medicine. Professional and research interests: Chronic pain, oncology, posttraumatic growth after cancer, health behavior change (e.g., smoking cessation & weight loss), adherence, presurgical psychological assessment (e.g., bariatric surgery evals, transplant evals, spinal cord stimulator evals), and coping with chronic illness.

**Steven Lovett, Ph.D.** Virginia Polytechnic Institute and State University, VA Palo Alto HCS since 1984. Licensed, State of California PSY8565 since 1984. Assistant Professor, Pacific Graduate School of Psychology. Professional Organizations: American Psychological Association, Gerontological Society of America, Sigma Xi: The Research Organization of America. Research Interests: Coping with chronic disease and disability in older adults, stress and coping in caregivers of older adults, depression and the elderly.

**James Mazzone, Ph.D.** Pacific Graduate School of Psychology, Palo Alto, 2007. Internship, Central Arkansas VA Healthcare System 2006-2007. Postdoctoral fellowship, The VA Palo Alto Health Care System, 2007-2008. VA Palo Alto Health Care System staff since 2008. Licensed, State of California PSY22067, since 2008. Professional Affiliations: American Psychological Association and Sigma Xi, The Scientific Research Society. Professional Interests: Integrated medical and mental health treatment; alcohol and substance abuse; physical and psychological trauma; high-risk and disabled populations and; lifestyle, health risk behaviors, and aging.

**Pearl McGee-Vincent, Psy.D.** John F. Kennedy University, 2011. Internship: Napa State Hospital, 2010-2011. Post-doctoral fellowship VA Long Beach 2011-2012. On staff at the National Center for

PTSD, Dissemination and Training Division, from 2012-2015. In Foundations of Recovery (FOR) since 2015. Professional Organizations: American Psychological Association, Association for Behavioral and Cognitive Therapies, Association for Contextual Behavioral Science, Psychiatric Rehabilitation Association. Professional Interests: Acceptance and Commitment Therapy, addiction treatment, psychosocial rehabilitation and recovery, organizational development.

**Elisabeth McKenna, Ph.D.** Palo Alto University (formerly Pacific Graduate School of Psychology) Palo Alto, CA, 1997, VAPAHCs since 2010. Licensed, State of California PSY 16746 since 2000. Psychology Internship: University of Virginia (1995-96), Postdoctoral Fellowship: Kaiser Santa Clara Child & Adolescent Psychiatry (1997-98). Professional Interests Include: PTSD, TBI, Behavioral Medicine, Family Therapy, and Adoption.

**Elaine S. McMillan, Ph.D.** University of Maine, 2008. Internship: VA Medical Center, Durham, NC 2007-2008. Postdoctoral Fellowship (Palliative Care emphasis area): VA Palo Alto HCS 2008-2009. On staff since 2009. Licensed, State of California PSY23530 since 2010. Professional Organizations: American Psychological Association (Division 38, Health Psychology), Association of Behavioral & Cognitive Therapies. Professional/research interests: Adjustment to chronic illness, cognitive-behavioral therapy with older adults, palliative care and hospice, behavioral medicine.

**Gary Miles, Ph.D.** The Pennsylvania State University, 1988. VA Palo Alto HCS internship 1987, Postdoctoral year 1988, on staff since. Licensed, State of California PSY12101 since 1990. Professional Organizations: American Psychological Association, National Academy of Neuropsychology, Santa Clara Psychological Association. Professional Interests: Ethnic minority issues, neuropsychology, AIDS-Behavioral Medicine.

**Susan Mirch-Kretschmann, Ph.D.** Yale University, 2004. Internship: VA Palo Alto Health Care System (Behavioral Medicine emphasis) 2002-2003. Post-doctoral Psychosocial Rehabilitation Fellow: VA Palo Alto HCS, 2003-2004. Consultant for VA Palo Alto HCS 2004-2005. Licensed State of California PSY2256, Certified Psychiatric Rehabilitation Provider since 2004, National Master Trainer for CBT-SUD and Consultant for VA MI training initiative. Professional Organizations: American Psychological Association, Association of Behavioral and Cognitive Therapies, Association of VA Psychology Leaders, Association for Psychological Science, United States Psychiatric Rehabilitation Association, Motivational Interviewing Network of Trainers. Clinical Interests: Dissemination and Implementation Science for evidence-based practices in mental health and substance use disorders, teaching and training staff in EBPs, program development and outcome measurement, empirically based treatments for co-occurring disorders. Research Interests: Care provider factors in health/mental health disparities, development of staff trainings to reduce these disparities, multicultural training and competency, stigma, motivation, emotion, recovery-oriented interventions and treatment planning, program outcome, and implementation science.

**James Moses, Ph.D., ABPP-CN.** University of Colorado, Boulder, 1974. Dual internship at Fort Miley (San Francisco) VAMC and Palo Alto VAMC, 1973-74; VA Palo Alto HCS since 1974. Licensed California PSY4428 since 1975. Licensed New Mexico #1053, since 2008. Diplomate, American Board of Professional Psychology in Clinical Psychology (2003) and Clinical Neuropsychology (2006). Diplomate, American Board of Professional Neuropsychology, 1990. Adjunct Clinical Professor Emeritus of Psychiatry and Behavioral Sciences, Stanford University School of Medicine (since 2005). Editorial Board Member, Archives of Clinical Neuropsychology. Professional Organizations: American Psychological Association, American Association for the Advancement of Science, Society for Personality Assessment, International Neuropsychological Society, National Academy of Neuropsychology. Research Interests: Diagnostic clinical neuropsychology, cognitive psychology, psychopathology of depression, schizophrenia.

**Priti Parekh, Ph.D.** Duke University, 2001. Internship, Durham VAMC 2000-2001. Postdoctoral fellowship, Duke University Medical Center in the Division of Behavioral Medicine, 2001-2003. Licensed, State of Maryland #04098 since 2004. Professional affiliations: Division 38 of the American Psychological Association, Maryland Psychological Association. Professional and research interests: psychological and behavioral factors in medical illness, presurgical psychological assessment, chronic pain, HIV, and diabetes.

**Carey Pawlowski, Ph.D.** University of Nebraska-Lincoln, 2002. Internship VA New Mexico HCS, 2001-2002. Postdoctoral fellowship VA Pittsburgh HCS, 2002-2003. Licensed since 2003, state of Missouri (#2003030099) and state of California since 2012 (#25268). Neurorehabilitation psychologist at The Rehabilitation Institute of Kansas City 2003 – 2008. Staff Rehabilitation psychologist with the Polytrauma Transitional Rehabilitation Program (PTRP) at the VA Palo Alto HCS since 2008. Certified Brain Injury Specialist Trainer (CBIST #11633). Professional Organizations: National Academy of Neuropsychology; American Association of Spinal Cord Injury Psychologists and Social Workers; American Psychological Association, Divisions 18, 22, and 40. Clinical and research interests: rehabilitation psychology; clinical neuropsychology; functional outcomes after brain injury; adjustment to disability; behavioral pain management; cognitively modified, evidence-based approach to treating combat stress/PTSD.

**Andrea Perry, Ph.D.** University of Nebraska, 2008. Internship VA Palo Alto HCS, 2007-2008. Postdoctoral fellowship VA Palo Alto from September 2008-March 2009. On staff in the Trauma Recovery Program since March 2009. Professional Organizations: American Psychological Association, Association for Behavioral and Cognitive Therapies, International Society for Traumatic Stress Studies. Professional Interests: Long-term effects of child abuse; revictimization; evidence-based treatments for PTSD; LGBT issues.

**Laura J. Peters, Ph.D.** University, of Utah 1988. VA Palo Alto HCS internship, 1986; VA staff member since 1986. Licensed State of California PSY11247 since 1989. Professional Organizations: American Psychological Association. Research Interests: Family Caregiver Stress, Cognitive Screening of Blind Veterans. Member of VAPAHCS Clinical Bioethics Committee and Patient Education Committee. Mediator with VAPAHCS Alternative Dispute Resolution Program.

**Douglas Rait, Ph.D.** University of Colorado, 1985. VA Palo Alto HCS since 1992. Licensed, California PSY13519 since 1993, New York, and Washington. Clinical Professor of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional Organizations: American Psychological Association, American Family Therapy Academy, Association of Family Psychiatrists. Research Interests: couples therapy process and outcome, therapeutic alliance in couples and family therapy, family therapy training, family adaptation to medical illness and family therapy.

**Neda Raymond, Ph.D.** University of Nevada, Las Vegas, 2011. Internship: North Texas (Dallas) VAMC, 2010-2011. Postdoctoral fellowship (Neuropsychology emphasis): VA Palo Alto HCS 2011-2012, on staff since 2013. Licensed, State of California since 2013. Professional Organizations: American Psychological Association (Division 40 & 22); International Neuropsychological Society; National Academy of Neuropsychology. Professional and Research Interests: Clinical neuropsychology and rehabilitation psychology in veteran populations, cognitive rehabilitation, posttraumatic stress and TBI, adjustment to disability, supervision/teaching.

**Veronica Reis, Ph.D.** University of Southern California, 2006. Licensed, State of California PSY21853 since 2008. Internship: VA San Diego HCS 2004-2005. Postdoctoral Fellowship: VA San Diego 2005-2006, on staff since 2008. Professional Organizations: California Psychological Association,

American Psychosocial Oncology Society. Professional/Research Interests: Adjustment to chronic and/or life-threatening illness, cancer survivorship issues, end-of-life issues.

**Rachel L. Rodriguez, Ph.D., M.P.H., ABPP-Gero** University of Alabama, 2006. Internship: VA Palo Alto HCS 2005-2006. Postdoctoral Fellowship (Geropsychology emphasis area): VA Palo Alto HCS 2006-2007, on staff since 2007. Licensed, State of California PSY 22527 since 2009. Professional Organizations: American Psychological Association (Division 12, Section II Clinical Geropsychology), Gerontological Society of America. Professional/Research Interests: Successful Aging, Adjustment to Chronic Illness, Public Health and Aging, Geropsychology Training and Supervision.

**Jon Rose, Ph.D.** Northwestern University, 1989. VA Palo Alto HCS internship 1985-06, on staff since. Licensed, State of California PSY12143 since 1990. 2011 Essie Morgan Excellence Award, Academy of Spinal Cord Injury Professionals. 2007 Certificate of Appreciation, Bay Area and Western Paralyzed Veterans of America; 2015 Co-author of *The Standards for Psychologists, Social Workers, and Counselors in SCI Rehabilitation*; Former member, Council of Ethnogeriatric Advisors, Geriatric Education Center, Department of Family Medicine, Stanford University School of Medicine. Professional Organizations: American Psychological Association (past president of Society of Clinical Geropsychology section), Academy of Spinal Cord Injury Professionals, Association for the Development of the Person-Centered Approach (former Editor-In-Chief, *The Person-Centered Journal*), Association of VA Psychology Leaders, American Federation of Government Employees (former Legislative Action spokesperson). Research Interests: Adult personality development, stress and coping in older adults, rehabilitation.

**Erin Sakai, Ph.D.** Washington University in St. Louis, 2014. Internship VA Palo Alto HCS, 2013-2014. Post-doctoral fellowship VA Palo Alto HCS (Geropsychology emphasis area), 2014-2015. Licensed, State of California, PSY 27554, since 2015. Professional Organizations: American Psychological Association (Division 12, Section II, Clinical Geropsychology), Gerontological Society of America. Professional interests: Aging and mental health, Dementia, Caregiving, Coping with chronic illness, Psychology training and supervision.

**Hana J. Shin, Ph.D.** Fuller Graduate School of Psychology, 2011. Internship VA Palo Alto HCS, 2010-2011. Post-doctoral fellowship VA Palo Alto 2011-2012. Licensed CA PSY25114 since 2012. Professional Organizations: American Psychological Association, Association of Contextual Behavioral Science. Professional Interests: trauma exposure across the developmental lifespan; PTSD treatments including Prolonged Exposure, Cognitive Processing Therapy, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy; Family treatment including Integrative Behavioral Couple Therapy and structural family therapy; integration of faith and spirituality in mental health; organizational leadership development; training and supervision.

**Jonathan Sills, Ph.D.** Pacific Graduate School of Psychology, 2007. Psychology Internship: VA Salt Lake City HCS internship (2006-07), VAPAHCS Postdoctoral Fellowship (Geropsychology/Rehabilitation Psychology emphasis area, 2007-08. VAPAHCS staff since 2008. Adjunct Faculty at Santa Clara University, Department of Counseling Psychology Professional interests: rehabilitation psychology, geropsychology, neuropsychology, and behavioral medicine. Research focus areas: implementation of programs and technologies that support continuity of health services, work related stress and coping among medical service providers, neuropsychological assessment and cognitive retraining among neurologically impaired patient populations.

**Tiffanie Sim, Ph.D., ABPP-RP** University of Maryland, Baltimore County, 2007, VAPAHCS since 2008. Licensed, State of California PSY22759 since 2009. Psychology Internship: VAPAHCS (2006-2007), Postdoctoral Fellowship (Rehabilitation Psychology emphasis area): VAPAHCS (2007-



2008). Professional Organizations: American Psychological Association, Division 22 – Rehabilitation Psychology and National Academy of Neuropsychology. Professional/Research Interests: Neuropsychology and Rehabilitation, including TBI, PTSD, Substance Use Disorders, and cognitive adaptations to treatment.

**Debra K. Stackman, Ph.D.** University of Colorado, Boulder, 1996. VA Palo Alto HCS internship, 1994-1995. Licensed, State of California, 1998. Professional Organizations: American Psychological Association. Professional Interests and Background: Trauma, cultural competency in health care, assertiveness, quality and risk management, triage/crisis intervention, brief treatment, and women's issues.

**Trisha K. Vinatieri, Psy.D.** PGSP-Stanford Psy.D. Consortium, 2011. Internship: Loma Linda VA Medical Center. Postdoctoral Fellowship, San Francisco VA Medical Center. Licensed, State of California PSY25054, since 2012. Professional organizations: American Psychological Association, Trauma Psychology (APA Division 56), Association of VA Psychology Leaders, Santa Clara Psychological Association. Research Interests: PTSD and Trauma-Related Disorders, Gender-Specific Treatment, Involvement of Family in Treatment of PTSD.

**Paula Wilbourne, Ph.D.** University of New Mexico, 2004. Internship VA Palo Alto HCS, 2003. Post-doctoral fellowship HSR&D/Stanford Medical School, 2004. On staff since 2005. Professional Organizations: Motivational Interviewing Network of Trainers, Research Society on Alcoholism, College of Problems on Drug Dependence. Professional Interests: Empirically based treatment and assessment for substance use disorders, dual-diagnosis and brief intervention, dissemination and adoption of empirically based treatment, Motivational Interviewing and Motivational Enhancement Therapy..

**Joshua D. Zeier, Ph.D.** University of Wisconsin-Madison, 2013. Internship VA Palo Alto HCS, 2012-2013. Licensed PSY 26553 State of California since 2014. Professional Organizations: California Psychological Association, Society for the Scientific Study of Psychopathy. Clinical Interests: Treatment of externalizing disorders/syndromes of disinhibition, treatment of personality disorders, multicultural competence, therapeutic interventions for SMI, integrative psychotherapy and common factors as mechanisms of change in psychotherapy.

**Harriet Katz Zeiner, Ph.D.** University of California, Berkeley, 1975. VA Palo Alto HCS since 1988. California Licensure PSY11310 since 1989. Professional Organizations: American Psychological Association, Western Psychological Association, California Psychological Association, International Neurological Society, Society for Neurosciences, Oklahoma Psychological Association, Society for Research into Hydrocephalus and Spina Bifida, National Head Injury Foundation. Research Interests: Cognitive Retraining, Neuropsychological deficits in schizophrenia, Outcome of rehabilitation with various organic-injured groups, CRATER Therapy Outcome research.

### **Psychologists Available, Affiliated with other Services, or Serving as Consultants:**

**Susan Anderson, Ph.D.** Yale University, 1991. Internship: VA Palo Alto HCS 1988-89; on staff since 1989. Licensed State of California PSY12853 since 1992. Professional Organizations: American Psychological Association, Clinical Professional Interests: milieu therapy, substance abuse, homelessness, behavioral medicine.



**Sherry A. Beaudreau, Ph.D., ABPP-Gero** Washington University in St. Louis, 2005. Internship VA Palo Alto HCS, 2004-05. Post-doctoral fellowship MIRECC/Stanford University School of Medicine, 2005-2008. On staff since 2008. Licensed PSY21414 State of California since 2007. Faculty appoint: Clinical Associate Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Honorary Associate Professor, University of Queensland, Brisbane, Australia. Professional Organizations: American Psychological Association, Gerontological Society of America, International College of Geriatric Psychoneuropharmacology. Professional interests: Interventions for late-life anxiety, cognitive moderators of treatment outcome, role of anxiety and other psychological symptoms on cognitive impairment and decline. Secondary interests: sleep quality and disorders, sexual dysfunction.

**Daniel M. Blonigen, Ph.D.** University of Minnesota, 2008. VA Palo Alto Health Care System Internship. Post-doctoral research fellowship - Center for Innovation to Implementation, VA Palo Alto HCS and Department of Psychiatry, Stanford University, 2008-2010. Licensed PSY 24592 State of California since 2011. Professional Organizations: Association for Psychological Science; Research Society on Alcoholism; Association for Research in Personality; Society for the Scientific Study of Psychopathy. Interests: substance use disorders; personality and personality disorders; psychological assessment; assessment and treatment of mental health problems and recidivism risk among justice-involved individuals; intervention development and clinical trials, health services research.

**Marcel O. Bonn-Miller, Ph.D.** University of Vermont, 2008. VA Palo Alto Health Care System Internship. Professional Organizations: Association for Behavioral and Cognitive Therapies, International Society for Traumatic Stress Studies, Society for the Study of Addiction. Professional and Research Interests: cannabis abuse/dependence, substance use, PTSD, anxiety disorders, comorbidity, malleable risk and protective factors, clinical and translational studies, intervention development and clinical trials, health services research.

**Eve B. Carlson, Ph.D.** American University, 1986. Mt. Vernon Community MHC, Alexandria, VA 1985-1986; Professional Organizations: International Society for Traumatic Stress Studies; Licensed since 1987. Research interests and recent projects: assessment and the study of the psychological impact of traumatic experiences, including the development of risk factor prediction measures for military, VA, and civilian populations, development of other trauma-related measures (dissociation, trauma exposure, emotion regulation, self-destructive behavior, and impairment of relationships related to deployment or traumatic stress), study of noncombat trauma exposure in military veterans, multivariate prediction of responses to traumatic stress in traumatic injury patients, and research on intensive (“real time”) assessment of responses to trauma.

**Kent D. Drescher, Ph.D.** Graduate School of Psychology, Fuller Theological Seminary, 1992. Internship, VA Palo Alto HCS 1991, on staff since 1990. Licensed State of California PSY13904 since 1995. Professional Organizations: American Psychological Association, International Society for Traumatic Stress Studies. Research and Professional Interests: Posttraumatic stress disorder, trauma & spirituality.

**Afsoon Eftekhari, Ph.D.** Kent State University, 2002. Internship: VA Puget Sound Health Care System. On staff VAPAHCS since 2007. Licensed State of Washington since 2004. Professional Organizations: Association for Behavioral and Cognitive Therapies, International Society for Traumatic Stress Studies, American Psychological Association. Professional/Research Interests: Posttraumatic stress disorder, treatment outcome trials, implementation and dissemination of evidence-based treatments.

**J. Kaci Fairchild, Ph.D., ABPP-Gero** University of Alabama, 2007. Internship VA Palo Alto HCS, 2006-2007. Post-doctoral fellowship MIRECC/Stanford University School of Medicine, 2007-2009. On

staff since 2009. Licensed PSY23116 State of California since 2010. Faculty appointment: Clinical Instructor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional Organizations: American Psychological Association, Gerontological Society of America. Professional interests: establishment of efficacious treatments for cognitive impairment; identification of demographic, cognitive, psychosocial and biological moderators and mediators of treatment response.

**Christine E. Gould, Ph.D.** West Virginia University, 2011. Internship VA Palo Alto HCS 2010-2011. Postdoctoral Fellowship VA Fellowship Program in Advanced Geriatrics, 2011-2014 and Stanford Postdoctoral Research Fellow in Psychiatry & Behavioral Sciences, 2012-2014. Licensed PSY25502, California, 2013, and on staff since 2014. Faculty appointment: Instructor (affiliated), Stanford University Department of Psychiatry & Behavioral Sciences. Professional Organizations: American Psychological Association (Divisions 20 and 12, Section II), American Association of Geriatric Psychiatry, Gerontological Society of America, Psychologists in Long-term Care. Professional Interests: Behavioral interventions for late-life anxiety, medical and psychiatric comorbidity, technology use in older adults.

**Rachael Guerra, Ph.D.** University of Missouri - Columbia, 2005. Internship Missouri Health Sciences Consortium, 2004-2005. Postdoctoral fellowship Center for Excellence in Substance Abuse Treatment and Education (CESATE)/VA Puget Sound HCS 2005-2007. Started at VAPAHCS in June 2007 as the Clinical Coordinator for Addiction and Consultation Treatment. She has also served as the HCS's Veterans Justice Outreach Specialist and the Program Director for the Foundations of Recovery 28-day addiction treatment program. Currently, she is the Assistant Chief of the Domiciliary Service. Professional Organizations: American Psychological Association, Professional Interests: Empirically based treatment and assessment for substance use disorders and correctional populations, dual diagnosis, opiate substitution treatment, mindfulness-based treatment, culturally sensitive treatment for ethnic minorities, multicultural proficiency training.

**Keith Humphreys, Ph.D.** University of Illinois, 1993. Acting Director and Senior Career Research Scientist, Health Services Research and Development Service; Professor of Psychiatry, Stanford University School of Medicine; California License Number PSY14906; Fellow, American Psychological Association; Editorial Board Member, Journal of Studies on Alcohol, Addiction. Research Interests: Treatments and self-help groups for addiction and mental illness, health services research, program evaluation and national mental health policy.

**Rachel Kimerling, Ph.D.** The University of Georgia 1997. Clinical Internship, VA Palo Alto HCS, 1995 - 1996. Licensed, State of California, PSY19188. National Center for PTSD, VAPAHCS since 2003. Professional Organizations: American Psychological Association, American Public Health Association, International Society for Traumatic Stress Studies. Research Interests: Posttraumatic Stress Disorder, Gender Issues, Women's Health, Health Services Research.

**Madhur Kulkarni, Ph.D.** University of Michigan, Ann Arbor 2010. Licensed in Hawaii/California 2014/2015. Internship and Postdoctoral Fellowship at VA Palo Alto HCS. Worked in VA nine years in both Ann Arbor and Palo Alto in the areas of PTSD and substance use disorders. Professional Interests: Working with underserved clients, working cross-culturally, comorbid PTSD-SUD treatment, empirically supported treatments for mood, anxiety, and substance use disorders, clinical supervision, and program evaluation/clinical research. Research Interests: Co-occurring PTSD-SUD treatment, cross-cultural issues, VA healthcare utilization.

**Timothy Ramsey, Ph.D.** University of Colorado, Boulder 1997. Licensed in California since 2001. Internship at VA Palo Alto HCS. Worked in community mental health from 1998 -2008, at a clinic serving primarily African Americans from the surrounding neighborhoods and the largest LGBT focused

clinic in San Francisco. Professional Interests: Working with underserved clients, working cross-culturally, therapeutic communities, group therapy, supervision and substance abuse treatment. Research Interests: Substance abuse treatment, outcome research.

**Allyson C. Rosen, Ph.D., ABPP-CN.** Case Western Reserve University, 1993. Internship Long Island Jewish-Hillside Hospital, 1993-4. Clinical neuropsychology post-doctoral specialization Medical College of Wisconsin 1994-97. Research post-doctoral fellowships in neuroimaging National Institute on Aging (1998-9), Stanford University (F32:1999-2002). Mentored fellowship brain stimulation (K01: 2006-2011). On staff since 2002. Licensed California (2001, #17777), Wisconsin (1996, #1975), Massachusetts (1996, #7083). Professional Organizations: Society for Neuroscience, International Neuropsychological Society, Cognitive Neuroscience Society. Cognitive neuroscience of aging and dementia. Functional and structural MRI. Vascular cognitive impairment related surgical interventions. Brain stimulation including transcranial magnetic stimulation (TMS) and transcranial direct current stimulation (tDCS).

**Craig Rosen, Ph.D.** Yale University, 1998. Licensed, State of California PSY 16786, 2000. Assistant Professor of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional Organizations: International Society for Traumatic Stress Studies, American Psychological Association. Research Interests: Posttraumatic stress disorder, mental health services research, telemedicine, disaster mental health, dementia, implementation of evidence-based practices.

**Josef I. Ruzek, Ph.D.** State University of New York at Stony Brook, 1989. VA Palo Alto HCS since 1992. Licensed (PSY14063), State of California since 1994. Research Interests: Assessment and modification of alcohol-related cognition, Secondary prevention of alcohol problems, Treatment outcome evaluation, Self-help groups.

**Quyen Tiet, Ph.D.** University of Colorado, Boulder, 1996. Internship: Yale University, Department of Psychiatry, 1995-1996; Postdoctoral Fellow: Columbia University, Department of Child and Adolescent Psychiatry, 1996-1999. VA Palo Alto HCS since 2000. Licensed, New York #013565, since 1998; California Psy18568, since 2002. Clinical Associate Professor, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professor, Clinical Psychology Ph.D. Program in San Francisco, California School of Professional Psychology at the Alliant International University. Professional Organizations: American Psychological Association, Society of Clinical Psychology (APA Division 12), Addictions (APA Division 50), Trauma Psychology (APA Division 56), Asian American Psychological Association. Research Interests: Alcohol and substance use disorders, depression, PTSD, dual diagnosis, patient treatment outcomes, resilience, coping and prevention.

**Robyn D. Walser, Ph.D.** University of Nevada-Reno, 1998. VA Portland Oregon Internship, Licensed, State of California PSY17744, since 2001. Professional Organizations: Association for Behavioral and Cognitive Therapies, Association for Contextual and Behavioral Sciences, International Society for Traumatic Stress Studies, American Psychological Association. Professional and Research Interests: acceptance based interventions, Acceptance and Commitment Therapy, PTSD, substance abuse, early intervention, PTSD and the elderly, translating science into practice, emotional avoidance.

**Shannon Wiltsey Stirman, Ph.D.** University of Pennsylvania, 2005. Internship: VA Palo Alto HCS 2004-2005. Postdoctoral Fellowship: University of Pennsylvania. VA Palo Alto HSC staff since 2015 (Previously VA Boston Healthcare System). Assistant Professor, Stanford University School of Medicine (as of 11/2015), Department of Psychiatry and Behavioral Sciences. Licensure: State of Pennsylvania (PS016344) since 2009. Professional Organizations: Academy of Cognitive Therapy, Anxiety and Depression Association of America, Association for Behavioral and Cognitive Therapies, Association for Psychological Sciences, International Society for Traumatic Stress Studies, Society for Implementation

Research Collaboration. Research Interests: Implementation and Sustainment of Evidence-Based Psychosocial Treatments, Continuous Quality Improvement Methods, Fidelity to EBPs, Effectiveness and Hybrid research Methodologies, Cognitive Processing Therapy, PTSD, Depression, and Suicide Prevention

**Steven Woodward, Ph.D.** University of Southern California, 1985. Internship VA Palo Alto HCS 1986. VA Palo Alto HCS staff since 1989. California Licensure PSY11306 since 1989. Professional Organizations: American Psychological Association, American Psychological Society, International Neuropsychological Society, Society of Psychophysiology Research, Sleep Research Society, Society for Traumatic Stress. Research Interests: Cognitive Electrophysiology, Sleep Research.

**Lindsey Zimmerman, Ph.D.** Georgia State University, 2012. Internship: VA Palo Alto HCS 2011-2012. Postdoctoral Fellowship: University of Washington School of Medicine and VA Puget Sound. VA Palo Alto HCS staff since 2014. Affiliate Instructor, University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences. Licensure: State of Washington (PY60416258) since 2013. Professional Organizations: American Psychological Association (Divisions 27 & 56), Society for Community Research and Action, Research Society on Alcoholism, International Society for Traumatic Stress Studies, Society for Implementation Research Collaboration. Research Interests: Implementation Science, Systems Science, Operations and Quality Improvement, Mental Health and Addiction Health Services Research, Participatory Research Methods.